06195

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06190

Charles Judge

1. DECEASED-NAME (Type or Print)	HARI		DAVID Middle		AIRESMA	N	` '	20, DATE KNOW OF ESTI- DEATH MATE	DEADE	Day 3	Yeor	26. HOUR 7 P M	
3. SEX	4. RACE	5. DATE OF B	IRTH 6.	AGE (In years	IF UNDER 1 YEAR			2c. DATE PRONO	UNCED DEAD		17 -	2d. HOUR	
Male	White	Nov 19	,1893	75 YRS	-		MIN.	Montal	Doy 3	Ye	ear 19 69	7 P N	
7o. BIRTHPLACE (Stot		76. CITIZEN OF W			IRRIED NEVER		9. COU	INTY OF DEATH					
Penna		U.S.				VORCED			Allega			M	
10. CITY OR TOWN O			NAME OF HOSPITAL OF			tol 120. U	JSUAL OC	CUPATION (Kind of	of work done	12b. KI	IND OF BUSI 'RY	INESS OR	
Cumberl					L -DOA	Re	tire	warking life ev	yee- U	6. (Jover	nment	
odmission) STATI	Marylan	13b. COUNTY	tution: Residence bel Allegany		perland	YES T		13e. STREET AND	NUMBER				
14. FATHER'S NAME	First	Midd	le Lo	ost	IS. MOTHER'S A	AIDEN NAME	First		Middle		Lost		
	Frank		Aiers	man			Emma	l.			As	h	
160. WAS DECEASED ET		FORCES? war or dates of service)	16b. SOCIAL SECURIT		17. INFORMANT			A			5.7	x 653	
(Yes_no, or unknow NO	erry (in has disc	MOLDI GOISS OL SHAIGH)	210-05-7	381	Irs. Cat	herine	Air	esman	Cı	umbei	rland	, Md	
18. CAUSE OF PART I. I	DEATH WAS CAUS!	nly one couse per D BY: ATE CAUSE (o)	line for (a), (b), and CORON		occlusi	ON					APPROXIMATE TYPEN ONST		
4109		(-)	R AS A CONSEQUENCE	OF									
	ony, which gove liote couse (a),			CORC	ONARY	SCLERC	SIS			-	-		
stoting the un	nderlying couse	DUE TO, O	R AS A CONSEQUENCE	OF							١.,		
	SIGNIFICANT CON	OITIONS CONTRIBU	TING TO DEATH BUT !	NOT RELATED	TO THE TERMINA	DISEASE OR	CONDITIO	N GIVEN IN PART	1(0)				
190. DATE OF (OPERATION		19b. CONDITION FO	R WHICH OP	ERATION				-	2	O. AUTOPSY	7	
DE L			WAS PERFORN	IED?							YES NO IX		
	R CONTRIBUTING	HOUR A		Year 1	PIC HOW INJURY	OCCURRED (E	nter notu	re of injury in Par	t i or Port 2,	Item 18.)		430	
21d, INJURY OC	CURRED 21e.		(At home, form, stree	et,	21f. LOCATION Stre	et or R.F.D. No),	City or Town)	Coun	ity	Stote	
220. 1	certify that I	look charge af	the remains descr	ibed obov	e, held on Au	tapsy 🗀.	Ins	pection X	Inquiry [X , 0	and in m	v opinion	
	esulted fram:		ses X Accid			Homicio	_	Undetermin					
	1	F .	Co.			HIEF MEDICAL	EXAMINE						
ACTUAL SIGNATUREE	Lene.	dict	Kitar	eli	1	SSISTANT MED		-	22b. DAT	E SIGNED			
EXAMINER'S						EPUTY MEDICA			MA	Y 3	1969		
NAME (Type)	BENED	ICT SKIT	ARELIC, M	. D.		DDRESS(Street	t, city, to	wn, or county	MBERT A	ND.	MARYL	AND	
230. BURIAL, CREMA REMOVAL (Spec	rifu)	DATE	23c. NAME	OF CEMETERY	OR CREMATORY		23d.	LOCATION (City of	r Town)	(County	y) (S1	tote)	
Burial	. 5	16/69			orial Pa			mberlan	d Alle	gany	Mary	land	
24. FUNERAL DIRECT	OR		AD	DRESS	21502	2So. REC	D BY REC	SISTRAR 251	. REGISTRAR	SIGNATU	JRŁ		

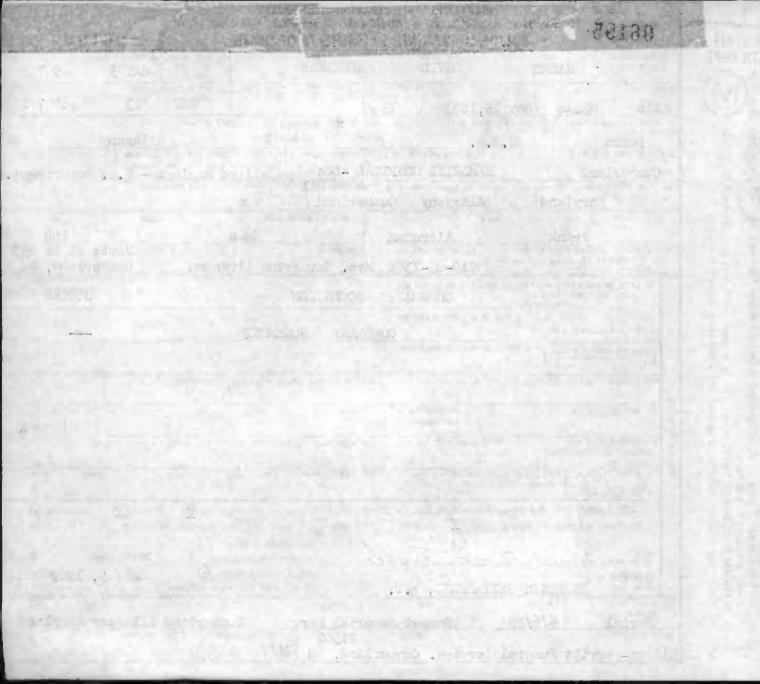
Silcox-Merritt Funeral Service. Cumberland, Md

VR A15ME (5) 10M REV. 1/68

5 may be retained far your files.

DICAL EXAMINER:

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06191

-					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. be) executed within 24 hours after death.	N	ge TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tungent	ave carban papers. Peges and 2	event, within 72 hours offer death.)
eath certificate.be) ex	\	nding physician and	iit. Then please rem	ar remaval, and in an	1
requires that the de	g physician.	n signed by the atte	e burial-transit perm	a burial, crematian,	
YSICIAN: The law	aspital ar attendin	certificate has been	hed far use as the	ot, of Health prior to	2
L OR ATTENDING PH	Page 4 may be retained by the haspital ar attending physician.	DIRECTOR: After this	age 3 shauld be detac	iled with the State Dep	/
TO HOSPITA	Page 4 may	S TO FUNERAL	and director, po	Star should be	

		C	ERTIFICATE O	F DEATH		U	oral	
1. DECEASED-NAME	First	Middle	Last	7	o. DATE OF DEATH	M D	V	2b. HOURT
(Type or print)	Harry	Irvin	Alexa	nder	May	oth 29 Day	1969	4:45
3. SEX	4. RACE		S. DATE O	BIRTH	6. AGE	(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		ite	Aug	. 7, 1911	- 57	YRS.	IIIII WATE	, and a
7a. BIRTHPLACE (State o country)		F WHAT COUNTRY?	8. MARRIED NEVER A	AARRIED 9. C	OUNTY OF DEATH			м
10. CITY OR TOWN OF D	FATR 1	1. NAME OF HOSPITAL OR INST	- Lung	- Langer	CCUPATION (Kind of		T12b, KIND OF	F BUSINESS OR
Cumber		ive street address)	. Oldtown	during most	of working life, even Lesman	n if retired.)	Shoe	Store
ndmission) STATE	Where deceased lived, if ins	rv I	13c CITY OR TOWN Cumberlan	13d. INSIDE CITY LIMITS	13e. STREET AND	NUMBER Oldto		
14. FATHER'S NAME	First Midd			MAIDEN NAME First		Middle		Lost
Wil	lliam Frankl	in Alexande	r	Ina May	Laurent			
16a. WAS DECEASED EVE Yes, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give wor or doles of service National Gu	16b. SOCIAL SECURITY NO Land		Dieatra A	lexander	Address Va.,		
	ATH (Enter anly ane cause p		5-1-1-1					IMATE INTERVAL OHSET AND DEATH
PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Coronary	occlusio	m			Id	lay
4109	· ·	OR AS A CONSEQUENCE OF						
Canditians, if any,		Coronary I	Heart Dis	ease			2 y	rears:
stating the under		OR AS A CONSEQUENCE OF						
last.) (c)							
	GNIFICANT CONDITIONS CONTI	-		INAL DISEASE OR CONC	DITION GIVEN IN PAR	I(a)		
e Pe	ripheral va			UZA DOLIA	001 15 160 1171	Dr. EINIDINIOS CO.	NEIDEBED IN C	EDTIEVINO
19a. DATE OF OPERA	ATION 196. CONDITION FOR	WHICH OPERATION WAS PER	FORMED 20a. A YES	UTOPSY?	20b. IF YES, WEI CAUSES OF DEAT		NZIDEKED IN C	EKTIFYING
21a. ACCIDENT WA	CAUSE OF DEATH HOUR A	LE OF INJURY LM. Manth Day Year LM. 19	21c. HOW INJURY	OCCURRED (Enter no	ture of injury in Parl	1 or Part 2, Ite	em 18.)	
While Not who	RRED 21e. PLACE OF INJU	RY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			City or Town		County	State
saw the c	that (I) (this haspital) deceased olive on ated abave (I) (we) (o	7 - 19	oy, and that in	(my) (aur) apinio	n deoth occurre	d an the date	e and haur	and from th
22b. SIGNATURE	Dep 6. Ps	new U.	D DEGREE PHYS	IDING MED.	TOR STAFF		ate signed	1969
22d. PHYSICIAN'S NAME (Type)	Dr. Ralph V	√. Ballin,M,	1.60	Greene S	t., Cumb	erland	, Md.	
230. BURIAL, CREMATION			EMETERY OR CREMATOR		3d. LOCATION (City o	,	(County)	(State)
HACKA (Spacify)	Passe Cit	69 Hillore	st Burial	Park C	umberlar	d Alle	gany l	44
24. FUNERAL DIRECTOR	Scarpelli.	Cumber land.		25a, REC'D BY R	EGISTRAR 2Sb	REGISTRAR'S S	SIGNATURE "	F 4

30130 sairs the comment of the land Maran Laran (t) 19H - 19 - VERTALIA SE I LMC minimally atom model a parameter and revenue at 150 hours and a 28.00 Allegration Contractions of 255 2 Cities Acad Tioning (all mil - tabancals allidate mailled East or Court of the Mark of t gradiente de la constitución de la and want or but The second secon CASE . THE THE STREET STREET Daries out . 1907 Billeres Berief teas . Comberland and

Page 4 may be retained by the haspital ar arrenant purparism.

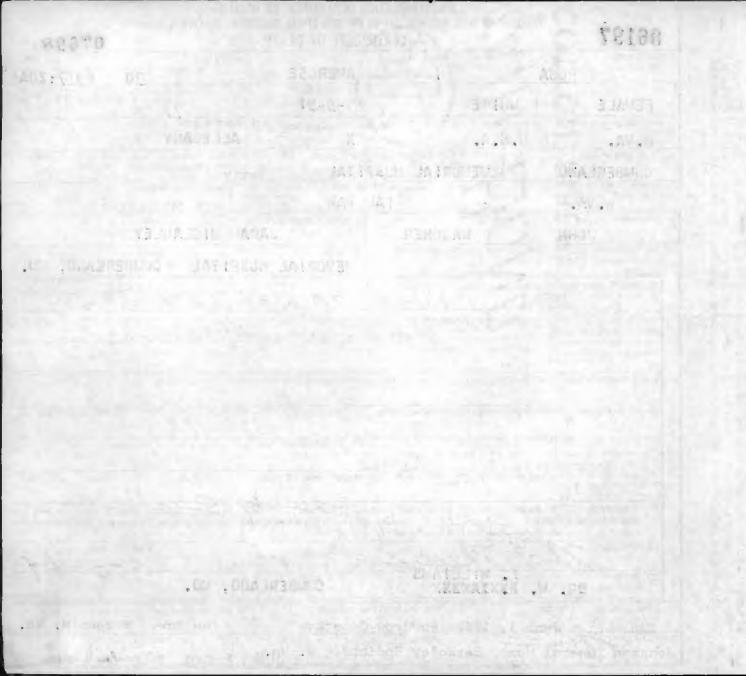
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please repower carban papers. Pages 4 and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and in any event, within 72 hours effect death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 45M - 1/69

06197

MARYLAND STATE DEPARTMENT OF HEALTH										
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
CERTIFICATE OF BEATH										

DOTEL			U.	KIITIU	ALE OF DEATH			076	38
. DECEASED-NAME	First		Middle		Last	20. DATE OF DEATH			2b. HOUR
(Type or print)	ROSA		1		AMBROSE	Mont	30°	69	7:20A
SEX		4. RACE			S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE		WHITE			9-5-91	lost_bit	7 YRS.	MONTHS DAYS	HOURS MIN
BIRTHPLACE (State	or foreign	b. CITIZEN OF WHAT	COUNTRY? 8	MARRIED [NEVER MARRIED	9. COUNTY OF DEATH			
W. VA.		U.S.A.		WIDOWED		ALLEGAN	ľ		N
CITY OR TOWN OF	DEATH	II. NAM	E OF HOSPITAL OR INSTIT	UTION (If no	t in haspital 12a. USU	AL OCCUPATION (Kind of	work dane		F BUSINESS OR
CUMBER	CLAND	givME	MORY AL H	OSPI	TAL during m	ast of working life, even	if retired.)	INDUSTRY	
o. USUAL RESIDENCE mission) STATE		lived, if institution		3c. CITY OR		TOO. STREET AND	NUMBER		
Washing State	VA.	NP COUNTY MC	DRGAN	PAW	PAW YES N	°□ c/o Po	stmast	ter	
FATHER'S NAME	First	Middle	Last	15.	MOTHER'S MAIDEN NAME 1		Middle		Last
	JOHN		WAGONER		SA	RAH MISLA	GLEY		
a. WAS DECEASED EV Yes, na, ar unknawn		D FORCES? 16 or dates of service)	Sb. SOCIAL SECURITY NO.		IFORMANT		Address		
NO NO	, , , , ,				MEMORIAL H	OSPITAL	CUMBI	ERLANI	
18. CAUSE OF D	EATH (Enter only	ane cause per line	for (a), (b), and (c).)	0.	^	/	, h &		PMATE INTERVAL ONSET AND DEATH
PART I. DEAT	TH WAS CAUSED	BY: E CAUSE (a)	Cerebr	ax C	aseuls	of acce	dent	22	11-631
4369	>	1.0	A-CONSEQUENCE OF			1	0	7	1-00
Canditians, if any	v. which gave)	00£ 10, 0K A5	State	-	1000-	- AN A -	100		
rise to immedia	te cause (a),	(b) <u>C</u>	To Coco	-61	order order	anay	BUN	-	
stating the unde	erlying cause	DUE TO, OR AS	A CONSEQUENCE OF						
last.)	(c)							
PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE OR O	CONDITION GIVEN IN PART	l(o)		
19a. DATE OF OPER	ATION 19b. CO	INDITION FOR WHICH	OPERATION WAS PERFO	RMED	20a. AUTOPSY?	20b. IF YES, WER		INSIDERED IN (CERTIFYING
					YES NO	CAUSES OF DEATH	13.		
				21c. HO	W INJURY OCCURRED (Ente	r nature of injury in Port	l or Part 2, It	tem (6.)	
OR CONTRIBUTING		HOUR A.M.	Manth Day Year						
ZIO, INJUKT UCCI	URRED 21e. P			Y-) 21f. LO	ATION Street or R.F.D. No.	City or Town		County	State
While Nat w	hile	(OF	HEE BUILDING, ETC.	1					
		hospital) attan	led the deceosed	from	5-20-07	09, to 5 -3	D- 10 /	(N) that	(I) (we) la
cow the	deceased alia	/e on 5/ 6	291 191	and and	that in (my)-(aux) oni	nan death accurred	on the det	o and hour	and from the
causes st	tated above,	(!) (we) (did) (d	d nat) view the bo	dy after d	eath.	in acom accomed	on me don	e mild floor	una nom n
22b. SIGNATURE	-22	11-5	X		/		22c. D	ATE SIGNED	
	//.	7 1	this	PART OF SKI	E PHYS.	MED. STAFF	0 -	-21	-61
22d. PHYSICIAN'S		F. WI	LLIAMS						-
NAME (Type)	DR. V	V. RXXXX	MEXX		22e. AODRESS CUMBERL	AND, MD.			
BURIAL, CREMATIO			23c. NAME OF CEA	AFTERY OF A		23d. LOCATION (City or	Tawn)	If aug to 3	(Come)
REMOVAL (Specify								(County)	(State) W. Va.
. FUNERAL DIRECTO	Circle 11	ne 1, 19	69 Woodr	OW CE	emetery	Paw	REGISTRAR'S S		H. VU.
	8 70 Um	Home B	erkeley S	princ		1 1 1 4000			
AUTO OUT	Phile Lar	TIOTHE, D	erwerea n	Dr Til	Thate Item	1 1 1 1000	897 1 2 ma	A	LAD



TO DEPUTY

VR A15ME (5) 10M REV. 1/68

06198

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06192

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			1111111	41.50 PASSALLES			01			
	DECEASED-NAME (Type or Print)	first	ara	Middle		lost		20. DATE KNOWN OF ESTI- DEATH MATED	- M 7	
3.5	'eu			It A	Of a	Beery I IF UNDER 1 YEAR	# UNDER 24 H			
Fe	male	4. RACE White	-	22, 1880 "	GE (In years ist berthday) 887 YR:	MONTHS DAYS		ZE. DAIL INDITIONS		Year 1969 3:30
	BIRTHPLACE (Stat		b. CITIZEN OF WH			ARRIED NEVER MA	RRIED 9	COUNTY OF DEATH		
	CITY OR TOWN O	Va.	USA	A HAIRING OF THE			ORCED	Allegan		Md
	umberla			street address) 28				AL OCCUPATION (Kind of ast of warking life, even OUSEWITE		KIND OF BUSINESS OR USTRY Own Home
130	IISHAL PESIDEN	ICE (Where decorrer	d lived if instit	ution: Residence before			d, INSIDE CITY LIMIT			MH HOME
(dmission) STATI	Md.	LINE COLUMN	Allegany		berland	YES 🔀 NO	TOOL DILILLY MILE IS		Ave.
14.	FATHER'S NAME	First	Middle	e las		IS. MOTHER'S MAI	DEN NAME	First	Middle	lost
		Henry	W.	Haines	5		1	Elizabeth	Easter	•
160	WAS DECEASED P	VER IN U.S. ARMED FO	IRCES?	116b. SOCIAL SECURITY		17. INFORMANT			RESS	-
	Yes, no, or unknow		or or dates of service)	TOD SOCIAL SCORE	NO,		-011 B	eery, Cumb		Ma can
	T					rir - ube	SETT DE	sery, Cumbi	eriana,	Md. Son
		DEATH WAS CAUSED		line far (a), (b), and (c).)	CORONARY	OCCI	LUSION		SUDDEN
		any, which gave		AS A CONSEQUENCE O)F	CORONA	LRY S	CLEROSIS		
		diate cause (a), nderlying cause	DUE TO, OR	R AS A CONSEQUENCE C	OF					
	PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL D	ISEASE OR CON	IDITION GIVEN IN PART H	0)	
									-1	
TON	190. DATE OF C	PERATION		19b. CONDITION FOR	WHICH OF	ERATION			-	20. AUTOPSY?
CERTIFICATION				WAS PERFORME						YES NO
MEDICAL CE	PRIMARY CAUSE OF DEAT	OR CONTRIBUTING	HOUR A.	INJURY Manth, Day, Ye .M. .M. 19		21c. HOW INJURY OF	CURRED (Enter	nature of injury in Part	1 or Part 2, Item 1	8.)
ME	21d. INJURY OC WHILE AT WORK		ACE OF INJURY (ory, office building	(At home, form, street, ng, etc.)		21f. LOCATION Street	or R.F.D. No.	City or Tawn	C	aunty State
	22g. 1	certify that I to	ak charge of t	the remains describ	bed abay	re, held an Auto	psv 🗀.	Inspection XX	Inquiry A	and in my apinian
		esulted fram:	_	ses X, Accide	_		Hamicide			, ap
	ACTUAL	Boun	dist.	86-1	- 1		EF MEDICAL EXA ISTANT MEDICAL		22b. DATE SIGN	JED.
	SIGNATURE	CANONIE C	LLCL	Licual	4/6			EXAMINER X		0, 1969
	EXAMINER'S NAME (Type)	Dr. F	Benedic	t Skitare	lic.					berland, Md
22-	BURIAL CREMA					Y OR CREMATORY	menalanaot, ti	23d LOCATION (City or		
230	REMOVAL (Spec	rify) Tage	ne 2, 1			st Buria	l Park	PH .		unty) (State)
24.	FUNERAL DIRECT	IOR		ADD	RESS		2Sa. REC'D B	Y REGISTRAR 2Sb.	REGISTRAR'S SIGN.	ATURE
	James .	. Scarp	elli, (Cumberlan	d, M	<u>d</u> •	DALUN	3 1969 1	Charles	Judge .

83733 Kaler - Linta Ag Feeds take the 22, then as 10V . W varmof LA. Guinestand 25 Evalue Ave. Dougerits On Hors M. Allegany Contestent E | 20 connecte - ve. derive of the second of the se OCHOLOGY TANDERSON STEWNER SOLVENSTR

> The second secon

Tr. Schooler Ellingelieffi. D. Mt.F. Cumberland.com.

in the color of the 2, 1909 little ent to the terms of the color and the color of t

Field of the

Detellan Je yak

23c. NAME OF CEMETERY OR CREMATORY

FBG. MEMORIAL PARK

FROSTBURG, MD DMAY 26

23d. LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR

FROSTBURG. MD

(County)

23a. BURIAL, CREMATION,

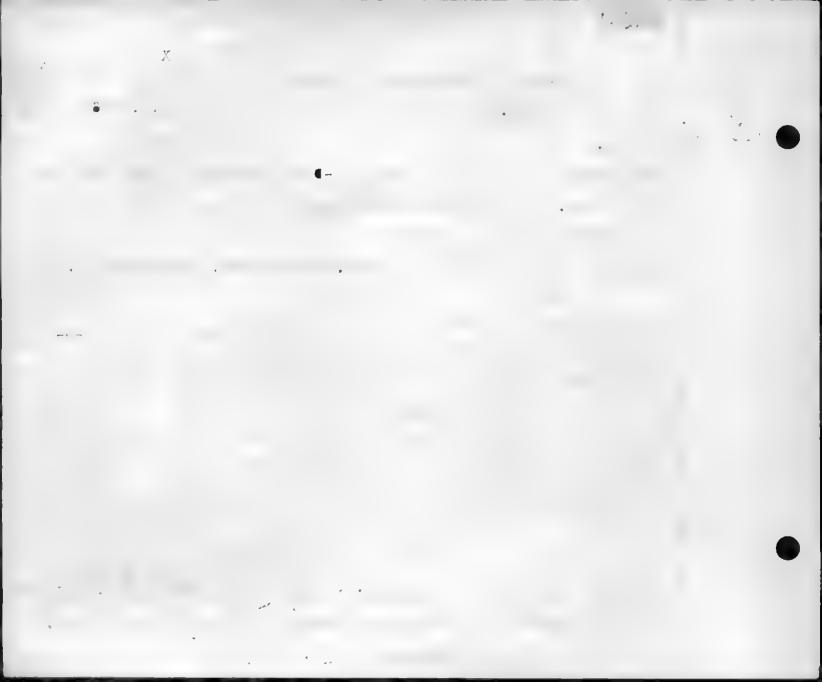
BUREMAVAL (Specify)

24. FUNERAL DIRECTOR

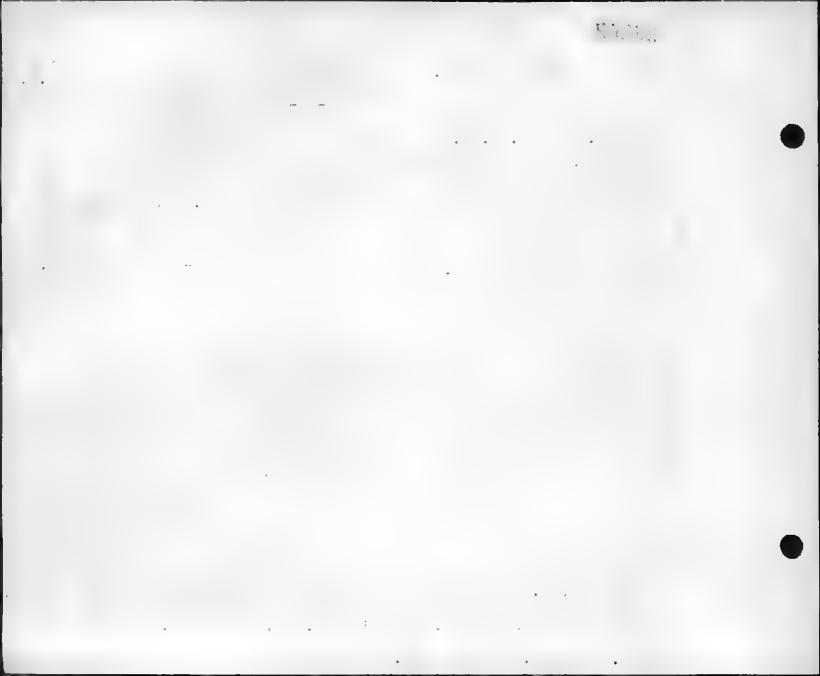
23b. DATE

DURST FUNERAL HOME

MARYLAND STATE DEPARTMENT OF HEALTH 1) 6200 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item Film G412 5/16/69 kk CERTIFICATE OF DEATH 06194 CERTIFICATE OF DEATH DECEASED NAME Inez Bradfield 2g. DATE OF DEATH ted within 24 hours offer deoth. (Type or print) 3 SEX 4 RACE 6. AGE (n years IF UNDER I YEAR White the ottending physician and completely filled in by the sit permit. Then please remove carbon papers. Pages nation, or removal, and in any event, within 72 hours after iost birthdoy) Female 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Allegany WIDOWED T D VORCED Virginia II NAME OF MOSPITAL OR INSTITUTION (If not in hospital give street address) Allegany County Infirmary 10 CITY OF TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR duping most of working life, even it retired) Cumberland, Maryland and in any event, with 13a USUAL RESIDENCE (Where deceased lived, first lut on Residence before admission) STATE Maryland 13b COUNTY Allegany Cumberland VES 13d INSIDE CITY (IM TS? O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exely 15 MOTHER S MAIDEN NAME ELLA 14 FATHER'S NAME First M ddle Lost Brity Stine George 166 SOCIAL SECURITY NO 17 INFORMANT P. Q. Box 599 217-14-4929-4 Allegany County Infirmary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) | (If yes give war as dates of service) or removo APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) be detached for use as the burial-tronsit perr Stote Dept. of Health priar to burial, cremation, Canditions, if any, which gave) rise to immediate couse (g). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 may be retained by the hospital ar attending ficate has been 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AJTOPSY? CAUSES OF DEATH? YES 🗍 NO 🔲 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year O FUNERAL DIRECTOR: After this cert director, page 3 should be detached should be filed with the State Dept. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d, INJURY OCCURRED City or Town Caunty State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from <u>April 15</u>, 19.68, to <u>May 7</u>, 19.69, that (I) (we) last saw the deceased alive an <u>May 7</u>, 19.69 and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHY5 DIRECTOR 22d PHYSICIAN'S 22e ADDRESS NAME (Type Memorial 230 BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) MAY 10.1969 SUNSET MEM. PARK CUMBERLAND 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR CUMBERLAND, MD. BYRON KIGHT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06196 1. DECEASED NAME First Middle Lost 20 DATE OF DEATH (Type or print) GEORGE W. CARDER 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (n years IF LINDER I YEAR lost birthday) 5-24-1893 MALE WHITE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED | NEVER MARRIED country) PENNA . ALLEGANY U. S. A. campletely filled in nave carban paper WIDOWED TO DIVORCED . 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done Vilbio Control RIAL HOSPITATIO most al working life, even if ret red) CUMBERLAND NT HOUSE WORKER Springfield 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c. CITY OR TOWN burial, crematian, ar removal, and in any event, 3d INSIDE CITY JAM TS? 13e STREET AND NUMBER requires that the death certificate be executed MARYLAND COUNTY ALLEGANY CUMBERLAND #3. BEDFORD 14 FATHER'S NAME Last First 15 MOTHER'S MAIDEN NAME First CARDER **JEANETTA** ROBINSON JAMES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknown) MEMORIAL HOSPITAL-CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20n ABTOPSY? CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Months Day Year (If either, notify medical examiner) (AT HOME FARM STREET, FACTORY.) 215 TOCK TO A 21d NJJRY OCCURRED 21e. PLACE OF INJURY of work of wark 22a. I certify that (I) (this haspital) attended the deceased fram --saw the deceased alive an 3/12/6719 , and that in (my) (our) apinian death occurred on the date and hour and from the be retained director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE 22c DATE SIGNED DIRECTOR L 22d. PHYSICIAN'S 22e ADDRESS DR. R. J. WILLIAMS 122 S. CENTRE ST.. CUMBERLAND . MD . 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY {County) (State) May 16. 1969 St. Michael's Cath. Cem. Frostburg, H Alleg Md ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR'S S GNATURE Bhito Ave. Cumberland DATMAAY 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06197 CERTIFICATE OF DEATH 1. DECEASED-NAME MARY Middle Lost 20. DATE OF DEATH 24 haurs after death eath (Type or print) 1969 MAY Month CARROLL 4. RACE WHITE 5. DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR IF LINDER 24 HRS FEMALE lost to doy) MONTHS 3-12-1910 DAYS HOURS To BIRTHPLACE (Stote or foreign country) MAR YLAND 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED bural-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h. DIVORCED X ALLEGANY WIDOWED and completely filled O CITY OR TOWN OF DEATH CUMBERLAND within 120 LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR duriti Geli ZiErekine je b. even if ret red) OWN HOME 130. USUAL RESIDENCE (Where deceased lived if institution: Residence pefore odmission) STATE MARYLANDIB COUNALL EGANY 3d INSIDE CITY JM IS? YES NO ___ executed 14 FATHER 5 NAME IS MOTHER'S MAIDEN NAME ODEN S'AD I E THOMPSON law requires that the death certificate be physician a ien please i 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. MEMORIAL HOSPITAL, CUMBERLAND, MD. Yes, no or unknown) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Vascular Accident IMMEDIATE CAUSE (o) _ 48hrs DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) (b) Hypertensive Cardiovascular Disease rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! Arteriosclarosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🖃 TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR ATTENDING PHYSICIAN: OR CONTRIBLTING CAUSE OF DEATH HOUR AM. Month Doy Year (If either, notify medical examiner) 216. PLACE OF HIJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 1954, 19, ta May, 19, 69, that (I) (ve) last saw the deceased alive an 5-21-59, 19, and that in (my) tokk) apinian death accurred an the date and haur and fram the causes stated above, (I) **Transport of the cause stated above, (I be retained director, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED STAFF 5-22-69 DEGREE DIRECTOR PHYS 22e ADDRESS O. HIMMELWRIGHT NAME (Type) DR. G. CUMBERLAND. MD. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL (REMATION BURIND WALL (Specify) 23b DATE (County) (Stote) May 24, 1969 Davis Memorial Cemetery Cumberland, Allegany, Md. Scarpelli, Cumberland, Md. Charles

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•			CERTIFICATE OF DEATH								06199		
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\$ 60 B	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHA		MARRIED [NEVER MARR ED	9. COU	INTY OF DEATH					
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equires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and completely filled in by the found burial-transit permit. Then please remove carbon papers. Factor I and 2 burial, crematian, or removal, and in any event, within 72 hauss effer death		CTY OR TOWN OF DEATH	814 1/4		TOTION (If not in HOSPITA	haspital 12a AL dur	LANGWIF Farm	PATION (Kind of wo Likeling leven if Helper	rk done retired)	12b KIND OF INDUSTRY	BUSINESS OR		
requires that the death certificate be executed a physician. signed by the attending physician and complete burial-transit permit. Then please remove care burial, crematian, or remayal, and in any event.	od	a USLA, RESIDENCE (Where decec mission) STATE WARYLAND	126 COUNTY		CAWLIN	VN 13d INSID	DE CITY L MITS?	130, STREET AND NU	MBER 3				
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ing the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST	nly ane cause per line	far (a) (b), and (c))						BETWEEN O	MATE INTERVAL INSET AND DEATH		
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CGA Site of the second of the	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Manth Day Year						,			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transpool of the state Dept. of Health priar to burial, cressional.	WE	Whe Nat while at work	PLACE OF INJURY (A)	FHOME FARM, STREEF, FACTO FFICE BUILDING ETC	1			Eity ar Tewn	20	County	State		
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R A A RECT	1	22b SIGNATURE	Pd		D.F.O.BEF	ATTENDING (MED DIRECTOR	STAFF C	-	7E SIGNED			
		22d PHYSICIANS	11/		DEGREE	PHYS 22e ADDRESS	DIRECTOR	PHYS. L	1 5	5 -25 -	59		
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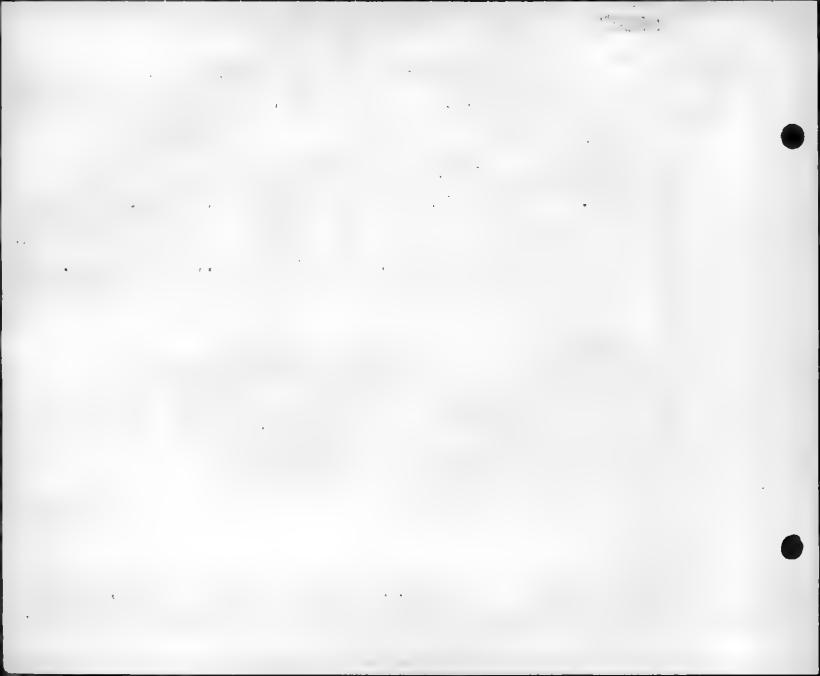
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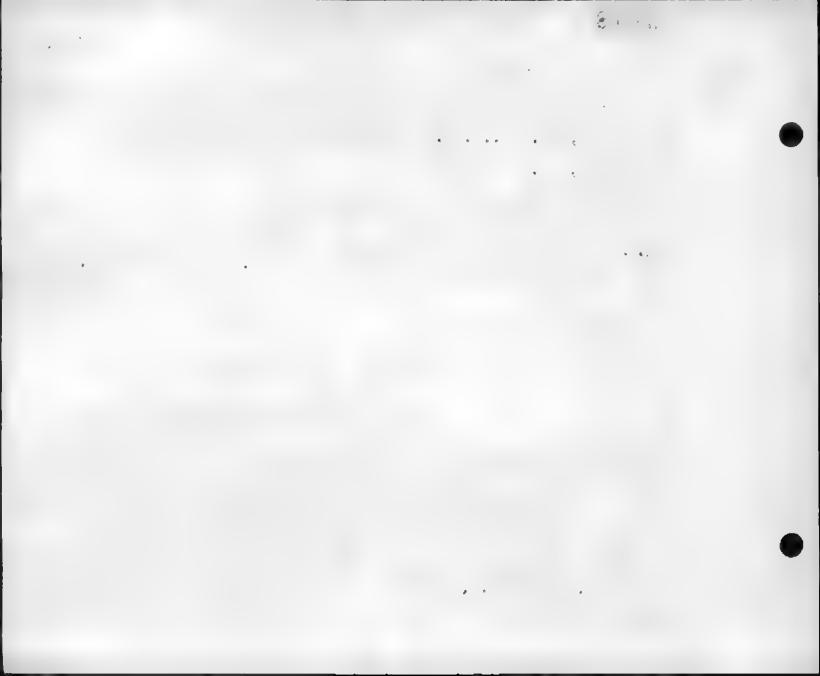
MARYLAND STATE DEPARTMENT OF HEALTH 06206 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06200 DECEASED NAME First Middle 20. DATE OF DEATED Lost 2b HOUR within 24 hours after death (Type or print) Cloud Darr Mav 3 SEX S DATE OF BIRTH 6 AGE (In years IF UNDER YEAR lost birthdoy) Colored Male 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Virginia Allegany County U. S. A. WIDOWED X DIVORCED [O CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) A dw ng most of working life, even fretired) Retired: Chauffeur corban Cumberland Chauffeur County 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN event. 13d INSIDE CITY JAN TS? 13e STREET AND NUMBER requires that the death certificate be executed attending physicion and complermit. Then please remove co odm ssion) STATE Maryland 13b. COUNTY Allegany Cumberland YEX 336 Central Avenue or removal, and in ony 14 FATHER'S NAME First IS MOTHERS MAIDEN NAME First Lost M ddle Lost Charles Ellen Darr Washington 17 INFORMANT P.O. Box 599. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIA, SECURITY NO. Add Gumberland . Md. (If yes give war or dates al service) Yes, no, or unknown) Allegany County Infirmary records. 165-09-3909 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, cremation, Conditions, if any, which gove) burial-transit rise to immediate couse (a). DUE TO, OR AS CONSEQUENCE OF stoting the underlying couse physicion signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART 1(6) for use as the b f Health prior to b ottending this certificate has been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b of YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [210. ACC DENT WAS UNDERLYING 215 TIME OF INJURY (Enter noture of injury in Port 1 or Port 2, Ifem 18) 21c. HOW INJURY OCCURRED TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M Month Day Year be detached for State Dept. of h (If either, notify medical examiner) director, page 3 should be detached should be filed with the State Dept. 21d INJURY OCCURRED (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town County Stote While Not while ot work 22a I certify that (1) (this haspital) attended the deceased from Jan. 8, , 19 64 to May 25, , 19 69, that (1) (we) last saw the deceased arive an May 21, 19 69 and that in (my) (aur) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did not) view the bady after death 22b SIONATURE 22c DATE S GNED ATTENDING DEGREE PHYS PHYSIC AN S 22e ADDRESS NAME (Type) Memorial Hospital, Cumberland ERY OR CREMATORS

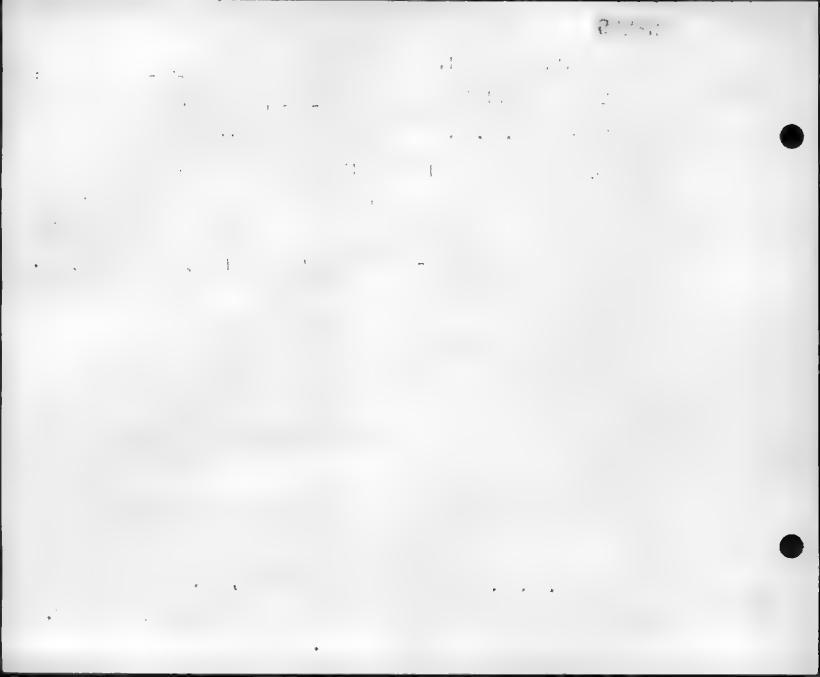
MARYLAND STATE DEPARTMENT OF HEALTH 06207 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06201 CERTIFICATE OF DEATH DECEASED-NAME ---Maridle-E-F1157 20 DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours ofter death (Type or print) Month | DAWSON CHARLES LEO MAY :054 4 RACE 3. SEX 6 AGE (In years IF UNDER + YEAR 6-28-1910 ve corbon papers. Pages gvent, within 72 hours off MALE las (birthday) 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED signed by the ottending physician and completely filled in burial-transit permit. Then please reggove corbon papers. burial, cremotion, or removol, and in only givent, within 72 h. MARYLAND ALLEGANY USA WIDOWED DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done during mast of warking ife, even if retired) CUMBERLAND 13a USJA: RESIDENCE (Where deceased lived, if institution. Residence before: 13c City OR FOWN 13d INSIDE CITY EMILTS? 13e STREET AND NUMBER edmiss an) STATE MD 13b COUNTY WRIGHT AVE. BOWLING 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle Last DAWSON HARRY MAY ELIZABETH MC KENZIE 16a. WAS DECEASED EVER IN US ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) (1 yes give war or dates of service) 216-09-7100 MEMORIAL HOSP., CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) Mosela rise ta ımmediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept of Health prior to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22o. I certify that (1) (this haspital) attended the deceased from...... . . 19__ _____, to_ ____, and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive an_____ be retained director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body ofter death 22b SIGNATURE 22c. DATE SIGNED MA D.DEGREE May 16, 1969 DIRECTOR 22d PHYSIC AN S 22e ADDRESS 912 Seton Drive, Cumberland, Maryland Clarence J. Vincent. M.D. 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION 23b DATE 23d 10CATION (City or Town) Westernport ATTE gany of Md. May 11, 1969 Philos Cem 24 FUNERAL DIRECTOR 2So. REC D BY REG STRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items13&23 FilmGh13 6/16/69 kk CERTIFICATE OF DEATH DECEASED-NAME First 20. DATE OF DEATH DURST 2b. HOUR BABY BOY (Type or print) 5 Manth 25 Doy 69 Year 3:00P .. 5-25-69 3. SEX 4. RACE 6 AGE (In years TE JWDER 1 YEAR IF JNDER 24 HRS WHITE last birthday) MALE MONTHS HOURS. NB = YRS be-executed within 24 hours To BIRTHP, ACE (State or fore gn J'S CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH ALLEGANY COUNTY U. S. A. DIVORCED [and in any event, within 72 WIDOWED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 12a USUAL OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR during mast of working I fe, even fretired) attending physician and winpurery permit Then please remarke carban CUMBERLAND. MD. INDUSTRY 13a USUAL RESIDENCE (Where deceased rived, if institution Residence before 13c, CTY OR TOWN 13d PHSIDE CITY LUMITS? 13e STREET AND NUMBER YES NO 5c Grantsville R.D. #2 14 FATHER'S NAME 15. MOTHER S MAIDEN NAME First ⊾ast Lost DURST CARL SHIRLEY requires that the death certificate 16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT CUMBERLAND, Yes no or unknown) I I I yes give war or dates of service) MD. MAMORIAL HOSP. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physi director, page 3 shauld be detached for use as the burial-transit permit. Then planshauld be filed with the State Dept. af Health prior to burial, cremation, ar removal, APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO P 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from.... __, 19 ____, ta_ saw the deceased alive an_____ ___, and that in (my) (our) opinian death accurred on the date and hour and fram the causes stated above, (I) (we) (did) (did not) view the body ofter death ATTENDING STAFF PHYS DIRECTOR 22e. ADDRESS NAME TYPED R DAWSON 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23a. BURIA. CREMATION 23d 10CATION (City or Tawn) (County) (State) Cremation 5/28/69 Memorial Hospital Cumberland, Alleg. 24. FUNERAL DIRECTOR ADDRESS 2Sh. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR VR A15 Milania

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH 06210 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06203 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOURD (Type or print) Rexford CHARLES ELLIS 4. RACE dxecutad within 24 hours after 5. DATE OF BIRTH 6. AGE (In years lost birthdoy) MALE 09-19-25 WHITE 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WEST VIRGINIA U.S.A. WIDOWED DIVORCED ALLEGANY COUNTY 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done PO U CUMBERLAND WARYLAND WORKSHOP "FOR HOSPITAL 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136 COUNTY ALLEGANY CUMBERLAND 405 MC MULLEN HIGHWAY 14 FATHER'S NAME Farst M. ddle LOST IS MOTHERS MADEN NAME FIRST Middle Lost requires that the death certificate be CHARLES **ELLIS** STEWART GLADYS **ELLIS** pleose 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO MU. 21502 17 INFORMANT Address Yes, na, or unepawn) 236-54-0961 SACRED HEART HOSPITAL. 900 SETON DR., CUMB. signed by the attending buriol-transit permit. The 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use (Health p YES AT 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) be retained by the hospital DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. If either, notify medical examiner 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn State While Not while of wark 220 I certify that (1) (this hospital) attended the deceased from fix May, 1964, to 28 flay 1964, tho (1) (we) lost sow the deceased alive on 1964, and that in (viv) (our) apinion death occurred an the date and hour and from the couses stoted obave (1) (we) (did) (did nat) view the body ofter death. 22b SIGNATURE -22c. DATE SIGNED DIRECTOR 5/30/69 DEGREE Poge 4 moy 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 122 S. CENTRE ST., CUMB., MD. 21502 M. D. director, I should be 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION 23b DATE 23d LOCAT ON (City or Town) (County) (State) Styny Specify) 5/31/69 Cunningham Memorial Park
ADDRESS MU. 21502 25a. RECT Kanawha. St. Albans W. Va. H. Wayne George 25a. REC'D BY REG STRAR VR A15 (4) 45M - 1/69 GEORGE FUNERAL HOME, 202 GREENE ST., CUMB., 1969

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06204 CERTIFICATE OF DEATH Middle W. DECEASED-NAME RAYMOND Last 2a. DATE OF DEATH 2b. HOUR and 2 wither 24-hours after death 69 Yeor FANNON Day 4:50P, (Type or print) 5 Month 4 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MALE WHITE ast birthday) HOURS hours 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? NEVER MARRIED 8 MARRIED T filed in country) ALLEGANY CO. MARYLAND U.S.A. WIDOWED DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR and in any event, within ID. CITY OR TOWN OF DEATH give street oddress) SACRED HEART HOSP MENSSTORE CUMBERLAND signed by the attending physician and campletely to burial-transit permit. Then please remave carbath 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JAN TS? 13e STREET AND NUMBER law requires that the death certificate be executed odmission) STATE MARYLAND 13b. COUNTY LEGANY YES MT. SAVAGE P.O. BOX 382 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle WILLIAM FANNON CARNEY MARY **FANNON** 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? SETON DRIVE 214-01-0138 (If yes give war or dates of service) Yes, no or unknown) ar remayal, PATIENT'S HOSPITAL CHART-CUMBERLAND, MD. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a) and (a) BILATERAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ERICARDITIS WITH ATRIAL FIBRILLATION Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSIGNATION VE HEART FAILURE 3 WKS. stoting the underlying couse! PART 2 CHEFT CONSIDER CONSIDERING DEATH THE POT TELESCOPE TO SELVEN WELL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the priar tal CERTIFICATION 19a DATE OF OPERATION NONE. 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Do AUTOPSY? 19b CONDITION FOR WHICH OPERATION WAS PERFORMED YES CAUSES OF DEATH? YES 🗀 NO [T] far use Health 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b. TIME OF INJURY OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year NONE (If either, natify medical examiner) 21e PLACE OF INJURY NONE 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or RFD No City or Town County State While Mat while at work 22a. I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on . director, page 3 shauld shauld be filed with the causes stated above, (I) (we) (did) (did not) view the body ofter death. 22b SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 140 BEDFORD ST., CUMBERLAND, MD. 21502 DR. JAMES P. HALLINAN NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) 23g BURIAL, CREMATION BURTAT, (Specify) ST. PATRICK'S CEMETERY MT. SAVAGE. MD. 25a REC'D BY REGISTRAR **ADDRESS** 2Sb 24. FUNERAL DIRECTOR JOSEPH R. DURST, SR., FROSTBURG, MD. 21532

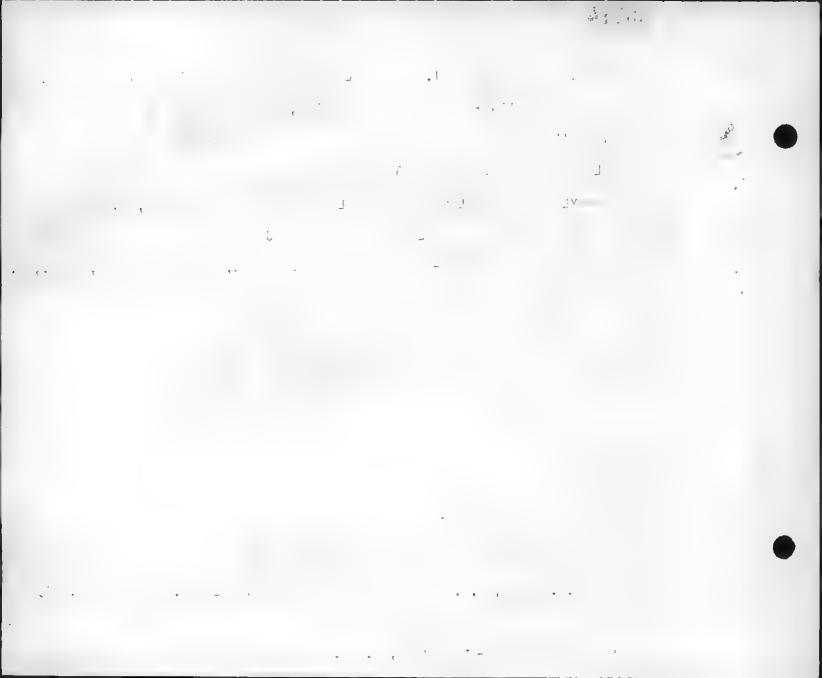
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06205 CERTIFICATE OF DEATH DECEASED-NAME Ferst Middle Lost 2d DATE OF DEATH 24 hours after death (Type or print) Month 12 Day FRADISKA MAY 14969 MARGARET 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (in years F JHDER 24 HRS 5-28-90 WHITE last - ping day) FEMALE 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ALLEGANY MAPYLAND USA W-DOWED X DIVORCED [TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done within 2b. KIND OF BUSINESS OR BINE ALEGN HOLDER during most of working life, even if retired) CUMBERLAND HOSPITAL completery 130, USUAL RESIDENCE (Where deceased fived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 3e STREET AND NUMBER requires that the death certificate be executed MARYLAND 135 COUNTY 639 SHRIVER ALLEGANY and in any 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last Middle Last WERNER GEORGE HOR CHLER ANNA 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no or unknown) 220 - 46 - 8895 MEMORIAL HOSPITAL, CUMBEPLAND. MD. ar remayal, 18. CAUSE OF DEATH (Enter only one couse per line for (v), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebrel Vascular Accident 4 weeks IMMEDIATE CAUSE (a) burial, crematian, DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) Diebetic Arteriosclerotic Cardiovascular rise to immediate cause (o). DUE TO. OR AS A CONSEQUENCE OF DISOSS stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) State Dept. of Health prior to has been Diebetes Mellitus 90 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AtITOPSY2 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7 NO 📑 ficate 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f COCATION Street or R.F.D. No. City or Tawn County State Page 4 may be retained by the mo FUNERAL DIRECTOR: After this While Not while at wark of wark 22o. I certify that (I) (this haspital) attended the deceased from 1968, 19, to May, 19, 69, that (I) (%) last sow the deceased alive an May 12,1969, and that in (my) (%) opinion death occurred on the date and hour and from the couses stoted above, (I) (see single (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED director, page 3 shauld be filed v DEGREE DIRECTOR 22e ADDRESS G. Overton Himmelwright, M.D. 133 Va.Ave..Cumberland. Md. 23a BURYAL CREMATION REGISTRARS S GHATT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First Middle 2d DATE KNOWN F Month Doy Year 2b HOUR (Type or Print) OF ESTI-MAY 29,1969 llp " DEATH MATED deloy 6 AGE (in years S TIMBER 1 YEAR IF LINDER 24 SRS 2r DATE PRONOUNCED DEAD 2d. HOUR 3. SEX A RACE S DATE OF BIRTH ast buthday) ٠,٦ ي llo M 7a BIRTHPLACE (Stots or foreign 7b CITIZEN OF WHAT COUNTRY? MARR ED [NEVER MARRIED] 9. COUNTY OF DEATH country) Maryland Office olong with form UJA WIDOWED [77] DIVORCED [Alle: 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life-even if-setired-1 MEMORIAT HOSPITAL-DOA والمراجعة المراجعة land 2 with the 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. THISIDE CHEY EINLIS? 13e. STREET AND NUMBER 13b COUNTY AL AEZ. NO 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME 13-17 1 0m Charles 160. WAS DECEASED EVER IN U.S. ARMED EORCES? 16b. SOC.AL SECURITY NO. 17. INFORMANT pencil (Yes, na. ar unknown) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN UNSET AND DEATH icote, writing the word "pending" is be forwarded to the Chief Medical PART 1. DEATH WAS CAUSED BY CORONARY OCCUMISTON SUDDEN IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSPOUENCE OF CORONARY SCLEROSIS Conditions, if any, which gave rise to immediate cause (a), should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INLURY Month Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of musy in Part 1 or Port 2, Irem 18.) -0 PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 2 d iNJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE T 22a. I certify that I taak charge of the remains described above, held an Autopsy []. Inspection D Inquiry [X], and in my apinian Natural causes . Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior t ACTUAL moy be re 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. O DEPUT May 29, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy FO NUNE Health MENEDICT SKITARELIC, M.D. ADDRESS(Street, city, CUMBERSAND, MARYLAND NAME (Type) 230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town) - 7 (Stolet) ... REMOVAL (Specify) 24 FUNERAL DIRECTOR 25a RECD BY REG STRAR 25b REG.STRAR S SIGNATUR VR A15ME (5) (Charles Judges

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	Item6 FilmG413 5/29		ERTIFICATE OF DEATH	IMURE, MARTLAND ZIZUI	06207
_ ASA	1. DECEASED NAME First	Middle	Lost	2a DATE OF DEATH	2b HOUR
to de la	(Type or print) ESTON	1.	FULTZ	MAY Pay	1969 5:15P
E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3. SEX 4.	RACE	S. DATE OF BIRTH	i b. AGE IIn years	IF UNDER 1 YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN.
rs aftr	MALE	WHITE	JULY 6, 188		MONTHS DATS HOURS MIN.
d in b	COUNTY EST VIRGINIA	ITIZEN OF WHAT (OUNTRY? USA	8. MARRIED MEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH ALLEGANY	M
requires that the death certificate be executed within 24 hours after death g physicion. signed by the attending physician and campletely filled in by the function is burial-transit permit. Then please remave carbon tape. Pages I am a burial, cremation, or remaval, and in any event, within 22 hours after about	O CITY OR TOWN OF DEATH CUMBERLAND	11 NAME OF HOSPITAL OR INS		AL OCCIPATION (Kind of work done ast of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
that the death certificate be executed with on. by the attending physician and campletely ransit permit. Then please remave carban crematian, or remaval, and in any event, with	130. LSUAL RESIDENCE (Where deceased live odmission) STATE MARYLAND 13	ed if institution. Residence befare b. COUNTY ALLEGANY	134 CITY OR TOWN 134 JUSTICE CITY OF CUMBERLAND YES NO		0X 87 A
nd c emo	14 FATHER'S NAME First	M. ddle Lost	15 MOTHER'S MAIDEN NAME P		lost
n ar se r din	JOHN	FULTZ		NIE	SNYDER
ertificate be exe physician and or nen please remo naval, and in any	16a. WAS DECEASED EVER IN £ 5 ARMED FO Yes, na, opposition (1) (1) yes give were redain			ORD, 900 SETON DR	
he death cei a attending p permit. The	18. CAUSE OF DEATH (Enter anly one PART DEATH WAS CAUSED BY	cause per ne for (a), (b), and (c))	1.		AFPROX MATE INTERVAL BETWEEN ONSET AND DEATH
deat tend mit.	IMMEDIATE CAL		Allcompenso	alion	24 lux
the at sit per	Canditions, if any, which gove)	(b) Consequence of	may Emplys	ma and	
quires that fl physicion. signed by the burial-transit	storing the underlying couse	OUE TO, OK AS A CONSCIUENCE OF	in Alina	Diese	~
	(0) Cart 0.	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PARTY I(a)	~Olllan
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YSICIAN: The law raspital ar attending certificate has been thed far use as the pt. at Health priar to	GR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. Month Day Year		r nature of injury in Past 1 or Part 2,	tem 18.)
TAL OR ATTENDING PHYSICIAN: The May be retained by the haspital ar att AL DIRECTOR: After this certificate ha page 3 shauld be defached far use e filed with the State Dept. af Health is	(If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE While Not while	P.M. 19 OF INJURY (AT HOME FARM STREET FACTORIES BUILDING, ETC.	ORY) 215 LOCATION Street or R.F.D. No.	City or Tawn	County State
DING by th After the be de State	at wark — at wark —	spital) oftended the deceose	d from 1922, 192	5, to 5/7, 19	6 2, that (I) (we) lost
auld the	couses stoted above, (1)	(we) (did) (d d not) view the b	ond that in (my) (our) opioody after death.	mon deom occared on me do	
OR ATTENE be retained DIRECTOR: A je 3 shauld ed with the	22b SIGNATURE	legon	ATTENDING ATTENDING		DATE SIGNED
SPITAL 4 may VERAL D Id be fill	22d PHYS CIAN S NAME (Type) J.A. PA	GAN, M.D.	22e ADDRESS 1068 NAT	TONAL HWY., LA VAÍ	E, MD. 21502
Page 4 may be retained by the haspital ar attending PHYSICIAN: The law Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has bee directar, page 3 shauld be detached far use as the should be filed with the State Dept, af Health priar to the should be filed with the State Dept, af Health priar to the should be filed with the State Dept.	230 BURIAL CREMATION, 236 DATE REMOVAL ISPECTO	0/39 23c NAME OF C	EMETERY OR CREMATORY Z Comotory	23d LOCAT ON (City or Town)	(Caunty) (State) 7
VR A15 (4) 45M 1/69	24. FUNERAL DIRECTOR THRUSH FUNERAL	HOME -MOOREF I ELL), W. VA. ZSG RECD B	2 3 1969 25b Mayerars	SENATURE SENATURE
45M 1/69	THRUSH FUNERAL	HOME -MUUKEF TELL	, W. VA. DATTALI	4 9 1000	0 6



	MARY	LAND STATE DI	EPARTMENT O	F HEALTH	
DIVISION	OF VITAL RECOR	DS, 301 W. PRES	TON STREET, BA	LTIMORE, MARYLAND	21201
	MEDICAL	EYAMINED'C	CERTIFICATI	E OF DEATH	

			MEDIC	AL EXAMINE	R'S CE	RTIFICAT	OF DE	ATH				06	208	}
	CEASED NAME	First		Middle		Last			20 DATE K		Month	Day	Yeor	26 НФФГ
(1	pe ai miii)	Herm	an	Simon		Gre	ise		DEATH N	MATED X	5	24	189	8:15
3. SE	X	4. RACE	5. DATE OF BIRT	TH 6. AG	E (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS	2c DATE PR					2d HOURINI
_	ale	White	Dec 27	. 1901	67YRS	MONTHS DAYS	Haurs		Month 5		gay 1	Yec	19 69	8:15
	IRTHPLACE (State	or foreign 71	6 CITIZEN OF WHA	1	8. MAR	RRIED NEVER N	ARRIED 🔲	9 (00	NTY OF DEAT	H				
caunt	Maryl Maryl	and	U.S.A.				VORCED 🗌				All	egan	y	Md
10 (1	TY OR TOWN OF	DEATH		ME OF HOSPITAL OR IN	NOITUTITES	(If not in haspit			CUPATION (K				ID OF BUSH	NESS OR
(Cumberl	and	SAC	RED HEART	HOSP!	ITALDO	A Mea	t Pa	working life ACKING	Busi	ness	INDUSTR	Υ.	
13o.	SUAL RESIDEN	CE (Where decease	d rved, finstitul	an Residence before	13c CITY	OR TOWN	13d. BNSiDE CITY .		13e STREET					
ad	missian) STATE	Maryland	136 COUNTY A	llegany	Cumb	perland	YES 🔲 N	(O K	Rt #3	- Box	: 508	3		
14 8/	THER S NAME	First	Middle	Lost		IS. MOTHER'S M	AIDEN NAME	First		Mide	lle		.qsf	
		George	C	Greis	se			Cath	erine			Bo	orgma	n
Ióo V	VAS DECEASED EV	ER IN U.S. ARMED FO		166 SOCIAL SECURITY N		7 INFORMANT				ADDRES!	Hou			x 508
(¥€	es, no pr unknow	/ft) (it yes give w	rar or dates of service)	215-36-875	53	Mrs. Fr	ances	Grei	se		Cun	berl	Land.	Md
	IR CAUSE OF	DEATH (Enter poly	one coure per lis	ne for (a), (b), and (c).	1								IPPROXIMATE I	
		EATH WAS CAUSED	BY.	ie ibi (a), (o), and (c).		RONARY	OCCLUS	STON					WEEN ONSET	
		1MMCDIAT	'E CAUSE (a)	AT A CONTROLLING OF		20014442	00000					0	ויייותייי	
н	Canditians if a	íny, which gave)	DUE TU, UK	AS A CONSEQUENCE OF		CORONAL	Y SO	LERO	SIS					
П	rise to immed	iate cause (a), 🜔	(b)	AS A CONSCIOUENCE OF		OOIOIMA								
	stoting the un	iderlying cause	DUE TU, UK	AS A CONSEQUENCE OF										
	_	,	(c)										·-·-	
	PART 2 OTHER :	SIGNIFICANT CONDIT	IONS CONTRIBUTION	NG TO DEATH BUT NOT	RELATED '	TO THE TERMINAL	DISEASE OR (COND TiO	N GIVEN IN P	ART I(o)				
NO	19a. DATE OF O	DEDATION		10h CONDITION FOR W	VILLEN OBE	PATION						Loc	AUTOREV	
Z	IYO. DAIR UP U	PERATION		196. CONDITION FOR W WAS PERFORMED?		KAHUN						20). AUTOPSY	
E I	Al company		1		1.								YES 🔲	NO KOK
MEDICAL CERTIFICATION		R CONTRIBUTING [216 TIME OF I HOUR A.A		2	1c HOW INJURY	OCCURRED (En	iter notur	re of injury in	Part I or	Port 2, I	tem 18)		
띭	21d INJURY OC			t name, farm, street,	2	If LOCATION Stre	et of R.F.D. No.		City or	Tawn		Count	V	Stote
	AT WORK	or white fort	ory, office building											
	22a. l	certify that I to	ak charge of th	e remains describe	ed abave	e, held an Au	lopsy 🗍	Ins	pection [d. Ing	uiry 🕱), a	nd in my	/ apinion
	death re	sulted fram:	Natural caus	es 🗓 Acciden	t Ell.	Spicide .	Homicid			mined n				
		1		0		<u></u>	HIEF MEDICAL	FY & MINE	p					
	ACTUAL SIGNATURE	120000	lists	Stiller	elu	1	SSISTANT MED			- 1	26 DATE	SIGNED		
	EXAMINER'S					0	EPUTY MEDICA	AL EXAMII	NER K	May 2	4, 1	.969		
	NAME (Type)	BENEDI	CT SKITA	RELIC, M.I	D.	A	DDRESS(Street	, chy tax	wn, at cau	UMBER	LANI	, MA	RYLA	ND
23 a	BUR AL, CREMA	TION, 23b I	DATE	23c NAME OF	CEMETERY	OR CREMATORY			LOCATION (C			(County		ate)
	Burial Special	ify)	567/69	S/S-	Peter	r & Paul	Cemet					Legar		* .
24	FUNERAL DIRECT		F 1 - 1	ADDRE		21502	25a REC I			2Sb. REG				
Si	lcox-Me	erritt Fu	neral Se	ervice. Cu	mberl		DATMA	Y 2	7 1989	1 10	lesy	May 5	بمصيبا	P

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MAY 2 6 1969

SILCOX FUNERAL HOME. Cumberland, Maryland

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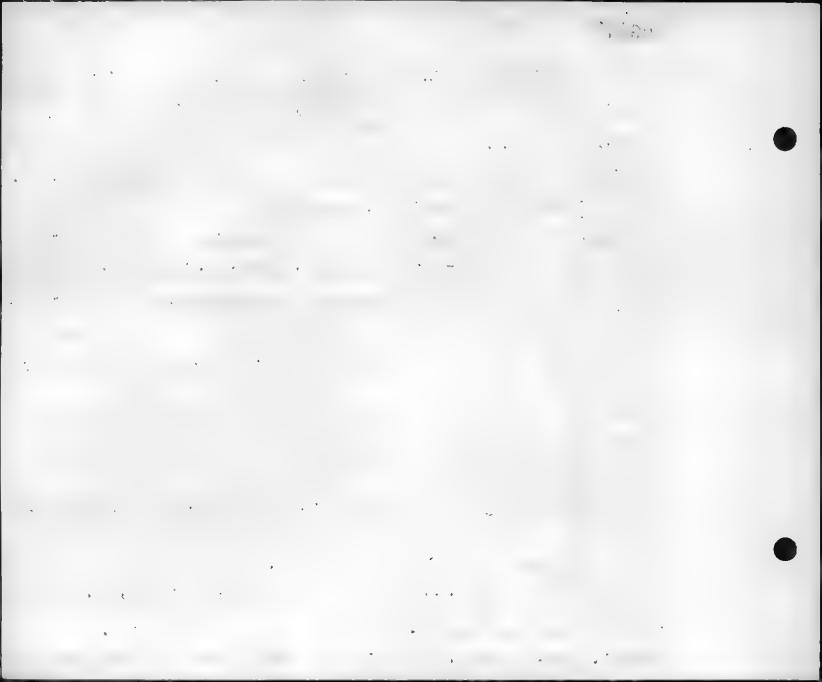
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06210 CERTIFICATE OF DEATH

24			ECEASED NAME	First		Middle		Lost		20 DATE OF	FDEATH		26 НОЦЕ
uneral 1 and 1 death		(1	Type or print)	WILL	IAM	B.		HARVEY		MAY	18	1969°°	8 4 M
s l		3. \$1			4 RACE			S. DATE OF BIR			6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS I DAYS	IF UNDER 24 HRS. HOURS MAN
s age			MALE		W	HITE		MAY 8,	1876		93 YR		HOURS MAN
≱ 500		7a	BIRTHPLACE (State of	r foreign	76 CITIZEN OF	WHAT COUNTRY?	8. MARRI	D NEVER MARR	RIED 9	COUNTY OF	DEATH		
ers 72 H		£001	TENNESSI	हो ह	U.S.	Α.	WIDOW			ALI	LEGANY		Md
papers. Pag hin 72 haurs	, ,	10.	CITY OR TOWN OF DE	EATH .	11	NAME OF HOSPITAL OR INS) NOITUTIT	f nat in hospital	12a UStrAl	OCCUPATION	Kind of work don	e 12b KIND OF	BUSINESS OR
ely 1 San X	. /		FROSTBUR	G	gr	ve street address MINERS	HOSP:	TTAL	RETIR	ED PR	life even if retired NTER - M	B PRINT	ING CO.
plet carl ent,	/ /		USUAL RES DENCE (V	Where deceas	ed lived if insti	itution Residence hefare	13c, CITY	OR TOWN	34 INSIDE CITY LIM	13e ST	TREET AND NUMBER		
om ve	1	ugitti	Issidily STATE M	ARYLAN	D 13b. COUNTY	ALLEGANY	MT.	SAVAGE	YES NO				
emo emo	1	14	FATHER'S NAME	First	Middle	e Lost		IS. MOTHER'S MAI	IDEN NAME FIR	st	Middle		Last
ing physician and completely i Then please remave carban 'emoval, and in any event, wit	1		JACKS			HARVEY			NARC	ISSIS	KI	JULINGSWO	RIPH
lea;		160	. WAS DECEASED EVEL	R IN U.S. ARM	NED FORCES? or or dates of service)	166 SOCIAL SECURITY N		7 INFORMANT	77.4.373.3977	3F 3.000	Address	1/D 0.4	
an par			res, no, or unknown)	1, 7, 7, 1		410-01-892	0	THUS. A.	HARVE	Y, MI.	SAVAGE,		
ing phy Then remova			18. CAUSE OF DEA	ATH (Enter an	y ane cause per	r line far (a), (b), and (c).)		-0	0	F	BETWEEN (MATE INTERVAL DISET AND DEATH
andi nit.			PART I DEATH	IMMEDIA) BY: TE CAUSE (o)	<u> </u>	non	rang	Oc	clu	eron	160	eek_
the attendi sit permit. natian, or r			4100			OR AS A CONSEQUENCE OF	,	14/2 11	^			W In	
the sit nati			Canditions, if any, rise to immediate					THE U	U -			spec	244-
signed by the burial-transit p burial, cremati			stating the under		DUE TO, O	OR AS A CONSEQUENCE OF	6	0.	'a a		. 0	110	ers.
ial,			last	J	(c)		عد	vicos	w 7 -	eny	despen	oc The	
brig bu			PART 2 OTHER SIG	INIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE OR CO	NDITION GIVE	N IN PART 1(o)		
been s the jar ta		3		man lan						I and the			
icate has bee far use as th Health priar (9	CERTIFICATION	190. DATE OF OPERA	IION 196.	LONDITION FOR	WHICH OPERATION WAS PE	KFUKMED	20o AUTOP	١.		F YES, WERE FINDING: S OF DEATH?	2 CONZIDERED IN C	EKTREYING
ficate has far use a: f Health pri	yel.	EE	210. ACCIDENT WA	C HINDEDIAIN	G (21) TIME	E OF INJURY	101.	YES THINBY OCCU	NO D	-11	iry in Port 1 or Port	2 14 101	
far far He			OR CONTRIBUTING	CAUSE OF DEAT	HOUR A	M. Month Day Year	ZIC	now indokt occi	JKKED (Enler	na inte di info	ny in ron i or ron	z, irem to.j	
		MEDICAL	(If either, natify mails and all INTURY OCCUP	edical examin	ner) P.I			LOCATION Comme	as DCD No	Cobo	r or Town	County	State
otad Dep			While Not whi		TEACE OF HOUR	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	7 215	COUNTION SHEET	di Kiribi No.	City	OI IOWI	Coolity	31016
tter this cert be detached State Dept. a			220 Leartify t		s hasnital) e	attended the decore	d fram	* / /	5 10 %	9 to	3/10	10 (aQ that	(1) (wa) last
Atter d be e Stat			saw the d	leceased a	ive on	ttended the decease	9 69	and that in (my) (our) apin	ian death	accurred an the	date and havr	and from the
# # # # # # # # # # # # # # # # # # #			causes sta	ated abave	, (I) (w o) (di	id) (di d net) view the	bady afti	er death.					_
with th			22b SIGNATURE	Oal	0	D 6	1 1	ATTENDING	G ME	D	STAFF 🗆 2:	C. DATE SIGNED	110
Se Se	/			you	the	Va. War	Le DI	CIUI 13	THE DIK	ECTOR L	PHYS.	5/18	164.
page page be filled	/		22d. PHYSICIAN'S NAME (Type)	JOHN	R. DAVI	S, M. D.		22e. ADDR		TELLANE	FROSTBURG	1 MD 21	1522
director, p		_					CCALPERD						
direct Share		Z3c.	BURIAL, CREMATION REMOVAL (Specify) BURIAL			23c NAME OF					ON (City or Town)	(County)	(Stote)
_			FUNERAL DIRECTOR	MA	Y 21, 1	969 WOODLA	WIN C		2So REC'D BY	NASE PEG STRAP	2Sb REGISTRA	P. S. STGNATUDE	
VR A15 (30M REV 1	(4) 1768			DIRST	FROST	BIRG. MD 2	1532		DAMAY S	9 19	go Och	neles years	Les



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0621 Frst Middle 25 HOUR 10:30A Lost 2g DATE OF OFATH FLORENCE LEONA **HENRY** Month Day 69 Year 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR FEMALE last birthday) WHITE 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED country) WEST VIRGINIA U. S. A. ALLEGANY WIDOWED O-VORCEO [10 CITY OR TOWN OF GEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR NONE Former Packer INDUSTRY. Amunition HEART HOSP. CUMBERLAND, MD. 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY & MITS? 13e, STREET AND NUMBER YES 🔽 POTOMAC STREET RIDGELEY IS MOTHER'S MAIDEN NAME First Middle Lost Last ALBERT DECKER (KIGHT) **ESTELLA** Ma DECKER 16g. WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 900 SETON DRIVE Yes, no, or unknown) 215 20 6912 PATIENT'S HOSPITAL CHART CUMBERLAND 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Canditions, if any, which gave a rise to immediate cause (a), stating the underlying cousei PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7] NO X 2 a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or RFD No. 21d INJURY OCCURRED City or Fown State County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 1969, to 1969, to 1969, that (1) (we) last saw the deceased alive an 1969 and that in (ref) (aur) apiman death accorded at the date and have and from the causes stated abave, (1) (ye) (did) (did not) view the body after death. 22b SIGNATHRE 22c. DATE SLØNED DEGREE DIRECTOR ST., CUMBERLAND. 23d LOCATION (City or Town) Cumberland, 23a BUR AL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

requires that the death certificate be executed within 24 hau signed by the attending physi burial-transit permit. Then pl burial, cremation, or remaval, IO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld should be filed with the

I DECEASED NAME

admission) STATE

14 FATHER'S NAME

3 SEX

(Type or print)

H. Wayne George 24. FUNERAL DIRECTOR FUNERAL HOME Cumberland. Md.

5114/69

Hillcrest Burial Park, ADDRESS

250 REC D BY REGISTRAR

Allegany 25b REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06212 DECEASED NAME M ddle First Lost 20. DATE OF DEATH (Type or print) 69 Year **HENRY** NM I HITCHINS 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR lost birthday) MORTHS MALE WHITE 3/20/77 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) MARYLAND USA **ALLEGANY** WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospite 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR GIVE SITSPERED HEART HOSPITAL during in past of porking life, even if retired) INDUSTRY RUBBER CUMBERLAND 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER MARYLAND 136 COUNTY ALL EGANY FROSTBURG YES [NO X ROUTE 1 -BOX 150 14 FATHER'S NAME M-ddle IS MOTHER'S MAIDEN NAME First M ddie **STEVENS** ANN MARY HITCHINS ames physician 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 900 SETON DRIVE Yes, no, or unknown) cremotian, or removal, 10 6491 SACRED HEART HOSPITAL APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 등 signed by the attending I 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave t rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION has been 190. DATE OF OPERATION 20p. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of in Jry in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) AT HOME, FARM, STREET, FACTORY, 21 LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County While Not while of work

TO FUNERAL DIRECTOR: After this certificate

The law requires that the death certificate be executed within 24 haurs after death

22a. I certify that (1) (this hospital) attended the deceased from saw the deceased a ive. an

causes stated obove (1) (we) (did) (did nat) view the body after death ATTENDING PHYS.

22e. ADDRESS

DIRECTOR

59 GREENE STREET

.19 6. 7, and that in (my) (our) apinion death occurred on the date and hour and from the

23d LOCATION (City or Town)

22c DATE SIGNED PHYS

-CUMBERLAND. MD. 21502

25 HOUR P

Lost

Stote

(Stote)

230 BUR AL CREMATION REMOVAL (Spenify)

NAME (Type)

22b SIGNATUR

DR. S. G. WEISMAN 23b DATE

NAME OF CEMETERY OR CREMATORY Frostorag Memoria

nostburg REC D BY REGISTRAR

25b REGISTRAR S SIGNATUR

ADDRESS 57 FROST AVE 250. 24 FUNERAL DIRECTOR FUNERAL HOME -FROSTBURG, MARYLAND

Williams 2

*-*4 -> . 4 11. 1, 3 1 the International +

NAME (Type) Dr. Benedict Skitarelic, M.D.

May 16, 1969

James F. Scarpelli, Cumberland, Ma.

23b DATE

VR A15ME (5)

230 BURIAL CREMATION

24. FUNERAL DIRECTOR

Buria I

Mrs. Lottie Horchler, Cumberland, Md. APPROX MATE INTERVAL BETWEEN ONSET AND DEATH Sudden 20 ALTOPSY? YES NO DO 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) (aunty Stote Inquiry 🛣 , and in my opinian Undetermined monner 22b DATE SIGNED May 14, 1969 DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) Rt. 9. Cumberland 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Tawn) (County) (State) Sunset Memorial Park Cumberland, Allegany, Md. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE "Charles Judge.

06213

12b KIND OF BUSINESS OR

Brewing Co.

2b A MR

JUR

1969 8:130

1			0001 0			ATE DEPARTMENT OF W. PRESTON STREET, BAL		AND 21201		
FOR ST	ATE		00221			NER'S CERTIFICATE			0	6214
HEALTH	DEPT.		ECEASED-NAME Type or Print)	First	Middle	Lost		20 DATE KNOWN DE ESTI	Manth Do	
si p age	AA!	3 5		Charles	P.	Hoyle AGE (n yearsFUNDER (YEAR	IF UNDER 24 HRS	DEATH MATED 2c. DATE PRONOUNCED	May	30 19 69 7: M
ny delay is 2, and 3, to PM3. Page	ie .		Male Whit	S DATE OF B	1, 1897	71 binheoy) MONTHS DAYS	HOURS MUN.		Doy 30	2d HOUR Year 19 697:15 M
_ =	epar		BIRTHPLACE (State or foreig	n 76 CITIZEN OF W		B. MARRIED X NEVER M.	ARRIED 9 COU	NTY OF DEATH		11.574.5-27.1.
es 1	te D	COUL	W. Val.	USA			ORCEO 🗆	Allega		Md.
24 houls after death in Item 18. Give Pag (5-Office along with	pages 1 and 2 with the State Depart haurs after death.	10. (Cumberland		-h	OR INSTITUTION (If not in hospito 219 Utah Ave.		CUPATION (Kind of working life aven if to Cired Trac	k dane 12b etired INC KMAN	Railroad
after 3. Giv along	death.	13a	USUAL RES DENCE (Where dmission) STATE Md.	deceased lived, if institution			YES R NO	13e STREET AND NUMB	SEK	
Tice Ta	er d		ATHER'S NAME FIRS	t Middl	Allegan	y Cumberland Los ¹ IS MOTHER'S MA		Mid		Lost
4= 5	Tand2	F-14 1		lliam Hoy		to morning and		irginia Mi		1031
within 2 pental in	ile pages 72 haurs		WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR			ADDRESS	5	Md. Wife
INER: This certificate shauld be executed within 24 hours after death e certificate, writing the ward "pending" in pental in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with form files.	permit. File nt within 72		1B. CAUSE OF DEATH (E PART I. DEATH WAS	Enter only one couse per S CAUSED BY: IMMEDIATE CAUSE (o)	ine far (o), (b), an	CORONARY	occlus:	ION		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH SUDDEN
be exer "pendir			≠/0 9 Conditions, tany, which	DUE TO, O	R AS A CONSEQUEN	CE OF CORON	ARY SCL	EROSIS		
shauld e ward a the Ch			rise to immediate caus stating the underlying lost.	8 (0). (R AS A CONSEQUEN	CE OF				
Certificate s writing the	as a . anc	Z	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART 1(0)		
is certi te, wrii forwa	removo	CERTIFICATION	190, DATE OF OPERATION		19b CONDITION F WAS PERFOR	OR WHICH OPERATION MED?				20. AJTOPSY? YES NOTE:
ER: This certificate, auld be fo		MEDICAL CER	210 EXTERNAL CAUSE WA PRIMARY OR CONTRIB CAUSE OF DEATH	UTING 📋 HOUR A	F INJURY Month, Dav L.M.	r, Year 21c. HOW INJURY C	OCCU RRE D (Enter natur	re of injury in Part 1 or	Part 2, Item	lB)
		MED	21d IN.JRY OCCURRED WHILE NOT WHILE AT WORK AT WORK	2) e PLACE OF INJURY factory, office build	(At hame, farm, str	eet, 21f tOCATION Stree	tarRFD Na	City or Town	-	State Ythuo)
AL EXA execute ir. Page I far yau	OR: F		22a. I certify t	_		cribed abave, held on Aut	· · — —		oiry XX	and in my apinian
please explease of director.	IREC to b		death resulted for	ram: Natural cal	ISES JLAL ACC	ident [], Suicide [],	Hamicide [],	Undetermined r	nanner [J
	RAL DIRE		ACTUAL SIGNATURE 2e	nediet	Skil	arolie M.D. AS	SISTANT MEDICAL EXA	MINER	22b. DATE SIG	NED 30, 1969
TO DEPUTY necessary, the funeral 5 may be 1	FO FUNERAL Health prio		EXAMINER'S NAME (Type) Dr	. Benedict	Skitar		PUTY MEDICAL EXAMINATION OF THE PROPERTY OF TH			umberland, Md
10 I	E H	230	BURIAL, CREMATION,	23b. DATE	23c NAM	E OF CEMETERY OR CREMATORY	1 .	LOCATION (City or Tow		ounty) (State)
	R	24	BUT 181 (y) FUNERAL DIRECTOR	June 2, 1	969 Sun	set Momorial	Park C1	umberland,	CERABLE CLOT	HATHDE
	SME (5)		James F. Sc	arpelli, (DALUN 3	1969 1	10 year	Judge.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06215 ROBERT 1. DECEASED NAME Middle 2o. DATE OF DEATH JOHNSON 2b HOUR executed within 24 hours after deoth A. (Type or print) Month 3 SEX 4 RACE 5 DATE OF BIRTH 9-23-84 6 AGE (In years signed by the attending physican only completely filled in by the fur burial-tronsit permit. Then please remove carbon papers. Pages I burial, cremation, or removal, and in any event, within 72 hours after IF LNDER YEAR F UNDER 24 HRS MALE WHITE last birthdoy) MONTHS! DAYS HOURS 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARR ED 🔀 NEVER MARRIED 🗌 9 COUNTY OF DEATH country) CONN. U.S. ALLEGANY WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR g ve skyeEqd/OR IAL RAILROAD during **កាស្តាដៅស្រុកស្រុ**, even if retired) CUMBERLAND HOSPITAL 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY CHALTS? 13e STREET AND NUMBER 136 COUNTY LEGANY CUMBERLANDYES 60 BOONE ST. 4 FATHER'S NAME Middle JOHNSON IS MOTHERS MA DEN NAME FIRST CAROLINA GUSTAFSON **JOHN** 0. requires that the death certificate be 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknown) I (If yes give war or dates of service) 705-07-6797 CUMBERLAND, MD. MEMORIAL . HOSPITAL no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEAR DEATH WAS CAUSED BY IMMEDIATE CAUSE (n. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (c) TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (f either, not fy medical examiner) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21 LOCATION Street or R.F.D. No. While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram-3 should I and that in (my) (der) apinian death accorred an the date and haur and from the be retoined causes stated above, (1) (west and (organot) view the bady after death. 22b SIGNATURE 22c DATE SIGNED director, page 3 should be filed v DIRECTOR PHYS 22d PHYS CIANS CUMBERLAND, 22e. ADDRESS IN RECKRICHARD NAME (Type) Williams, MD Cumberland, Allegany, Md. 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) B BEMOVAL (Specify) Hillcrest Burial Park 24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Ma. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



TO DEPUTY

VR A15ME (5)

06223

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

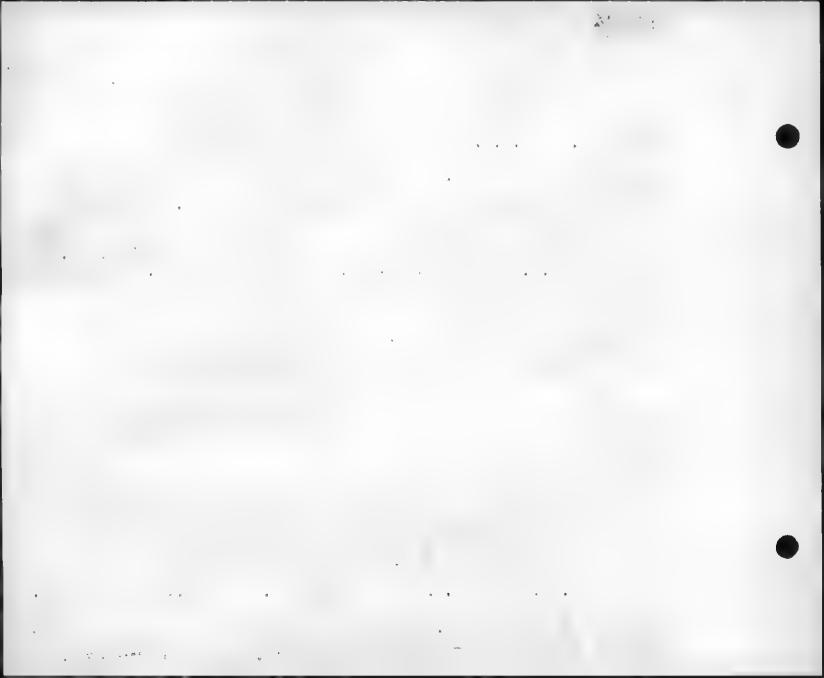
06216

			11120107				41 41				
11	DECEASED-NAME (Type or Print)	First		Middle		Last			2a DATE KNOWN Manth		ear 2b HOUR
	[1] \$0 01 1 11111	Kei	neth	Lero	v	Keefer	r		DEATH MATED May 4	,1969	19 14:35аи
3	ZEX	4 RACE	S DATE OF RIPTE	4 6.	AGE (in years	F UNDER I YEAR MONTHS DAYS	IF JNDER 24	4 HRS Main	2c DATE PRONOUNCED DEAD		2d HOUR
-		White	XX Jun	1937 3	l YR	5		MUM	增少 4, 1969	. Year 19	11:35a m
	BIRTHPLACE (Stote		b. CITIZEN OF WHAT	COUNTRY?	8. MJ	ARRIED NEVER M.	ARRIED T	9. COUN	ITY OF DEATH		
(0	Mary:	land	USA				ORCED		llegany		Md
10	CITY OR TOWN OF					N (1f nat in haspita		SUAL OCC	UPATION (Kind of work done	12b K ND C	OF BUSINESS OR
	Route 5		give gri	emorial E	Hospit	calDOA	1	1.02	work ng life, even if tetired) borer	Iron	Works
13	O USUAL RESIDENC	E (Where decease	d ved, if institute	an Residence bef	ore 13c (T				13e STREET AND NUMBER		
L	adm ssion) STATE	Md.	13b COUNTY	Allegan;	y Cum	berland	YES NO	0 🗆	811 Maryland	Ave.	
14	FATHER'S NAME	First	Middle	Ła	st	IS MOTHER'S MA	AIDEN NAME	First	Middle		Lost
L		Leroy	M.	Kee	fer				Elinor Valen	tine	
16	g. WAS DECEASED EVE (Yeshing or unknow	R IN U.S. ARMED FO	RCES?	6b SOCIAL SECURIT	YNO	17. INFORMANT			ADDRESS		
	("TO OI GIALION	(II yes give w	all of oures or service)			Mr. Lero	by M.	Kee:	fer Cumberlan	d.Md.	Father
			one cause per line	for (a), (b), and							OXIMATE INTERVAL N ONSET AND DEATH
	PART 1 DE	DESCATH WAS CAUSED	BY 'E CAUSE (o)		Cm	ished Sku	111			Sudo	den
	8121		DUE TO, OR A	S A CONSEQUENCE							
		ny, which gave)	(b)		(Pa	assenger	in 2 c	car (collision)		
1	stoting the uni		DUE TO, OR A	S A CONSEQUENCE	OF						
	last.)	(c)								
П	PART 2 OTHER S	IGNIFICANT CONDIT	IONS CONTRIBUTING	G TO DEATH BUT N	NOT RELATED	TO THE TERMINAL	DISEASE OR CO	ONDITION	GIVEN IN PART 1(o)		
CEDTIELCATION	19a. DATE OF OF	PERATION	1	96 CONDITION FO		PERATION			-	20 A	JTOPSY?
, lè				WAS PERFORM							ES NOTE
		AUSE WAS	216 TIME OF IN HOURAM	IJURY Month, Day	Year	21c HOW INJURY C	CCURRED (Ent	ter notare	e of snjury in Port 1 or Part 2, 1	tem 18)	
MEDICAN	CAUSE OF DEATH	abot	11:00%	May 4, 19	969	Passenge	r in 2	car	r auto acciden	t	
l s	E 21d INJURY OCC	URRED 21e P	LACE OF NURY (At ary, affice building,	home, form, stree	et,	21f LOCATION Stree	t ar R F D. No		City or Town	County	State
	AT WORK AT	WORK X	loute # 5	51		900 yds.w	rest of	Mex	xico farms rd.	Alleg	g. Md.
	22a l e	certify that I to	ak charge of the	e remains descr	ribed abay	re, held an Aut	apsy 🔲,	Insp	pection XXI, Inquiry X	X and	ın my apinıan
	death res	sulted fram	Natural cause	s 🔲 , Accid	lent XX,	Suicide	Hamicide	e 🔲	Undetermined manner		
П		0	. 0	3 3	1		HEF MEDICAL E				
П	ACTUAL SIGNATURE	- Tenea	wet the	etarel	ic	M D AS	SISTANT MEDI	CAL EXAM	M.NER 22b. DATE		
П	EXAMINER'S					DE	PUTY MED CAL	L EXAMIN	ier 🔀 May 4, 1		
L	NAME (Type)	BENEDIC	T SKITAR	ŒLIC, M.	. D.	AD	DDRESS(Street,	city, taw	o. CUMBERLAND, M	ARYLAN	ND OF
. 2	30 BURIAL, CREMAT		DATE	t t		Y OR CREMATORY		1	LOCATION (City or Town)		
	REMOVAL (Specif	Ma Ma	y 7,196	9 Hill	crest	Burial	Park	Cum	berland, Alle	gany,	Md.
7	4 FUNERAL DIRECTO)R		AD	DRESS		2So. REC'D	BY REGI	ISTRAR 2Sb REGISTRAR'S	SIGNATURE	
1	James F.	pcarpel	.ll, Cum	berland	. Ma.		DATE MA	AY	6 1969 Alla	resy &	MARIE.

B. See.

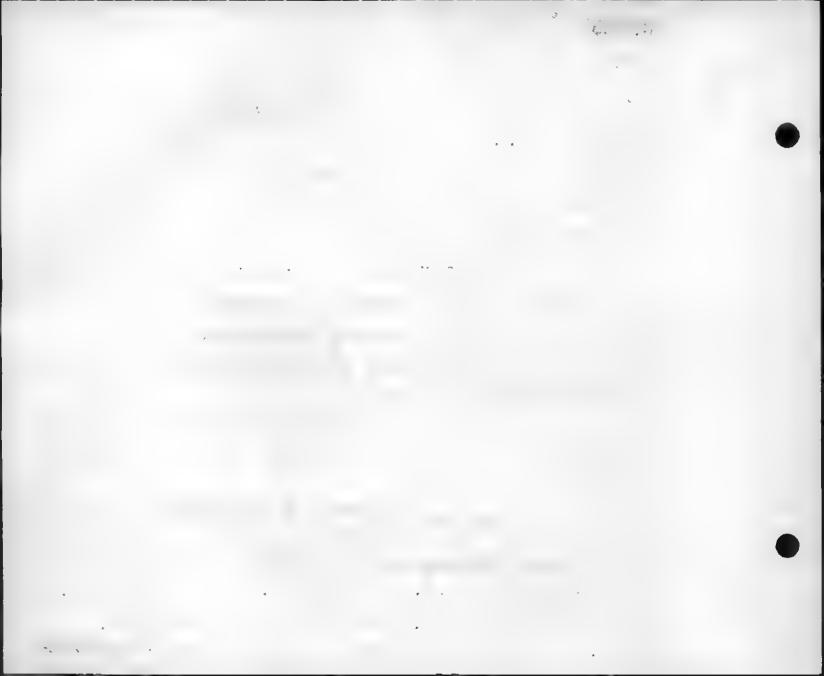
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1	00001		STATE DEPARTMENT OF HI		
	Itemu FilmG413 6/		301 W. PRESTON STREET, BALTIN	MORE, MARYLAND 21201	0004 m
-	DECEASED NAME First		ERTIFICATE OF DEATH	In part of prati-	06217
1.	(Type or print) JOHN	M.ddle	Lost KELLY	2a. DATE OF DEATH	8. 1969 6:15
3.		A RACE	S DATE OF BIRTH	6 AGE (In years	FUNOFR 1 YEAR IF UNOFR 24 HRS
	MALE	MATE/ White	MARCH 4, 18	892 last bythdoy) YRS	MONTHS DAYS HOURS MIN
70	BIRTHPLACE (Stote or foreign 75	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9	COUNTY OF DEATH	<u></u>
Ĕ	CKHART MD.	U.S.A.	WIDOWED DIVORCED	ALLEGANY	M
10.	CITY OR TOWN OF DEATH	1) NAME OF HOSPITAL OR INST		OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	ROSTBURG	give street address MAIN		TER ing life, even if retired)	INDUSTROAL
	USUAL RESIDENCE (Where deceased in ssion) SHEARYLAND	ived, f institution Residence before	13c. C TY OR TOWN 13d INSIDE CITY EMI	THE STREET PRINCIPLE	
L		13b COUNTLEGANY	FROSTBURG YES X NO	39 W. MAIN	STREET
14	FATHER'S NAME First	Mrddle Lost	15 MOTHER S MAIDEN NAME Fro		
1,0	FRANCIS			ISTIANA	ECK ART
10	WAS DECEASED EVER IN U.S. ARMED I Yes, no or unknown) (H yes give war or o	dates of service)		FROSEBU	/
=	NO N.A		774RS. J. LEE K	ELLY, 89 W. M	AIN STREET,
	PART I DEATH WAS CAUSED BY	ne cause per line for (a) (b), and (c))	Do to P	a that	BETWEEN DRISET AND DEATH
	1MMEDIATE C		selliou m	an diseas	
П	Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	and andowing	anda ani	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	3 La Outer o x	mentona)	
L	stating the underlying couse	(c) Orative	comin - de	is and	
П	PART 2 OTHER SIGNIFICANT COND TH		T RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
١.		Jan	ilita	., ,	
CATOR	190 DATE OF OPERATION 196 CONT	DITION FOR WHICH OPERATION WAS PER	FORMED 20g AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERT FYING
CEPTIE C			YES NO 10	CAUSES OF DEATH?	
1	21a. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Port 2,	Item 18.)
MEDICAL	DR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer)	P.M. 19			
×		CE OF INJURY (AT HOME, FARM, STREET FACT OFFICE BUILDING ETC	DRY) 21f LOCATION Street or RFD No	City or Town	Caunty State
	While Not while at work at work		7.7		
	22d. I certify that (I) (this h	ospital) attended the decease	d from, 1962 and that in (my) (our) apin	5_, to 0 ~ 2 0 , 19	1 <u>67</u> , that (I) (we) las
	couses stated above, (I)	(we) (did) (did not) view the b	ady after death.	ian death occaited on the d	ate and nour ond tram the
	22b SIGNATURE	0 110	A ATTEMORIES ME	220	DATE SIGNED
	/T.C.	Deell My		ECTOR PHYS	2/30/69,
	22d PHYSICIAN'S NAME (Type) H'. C.	DIEUT NOD	22e. ADDRESS	MATH CO TOO	WDIIDC MD
	11. 0.	DIEHL, MD.		MAIN ST., FROS	
23	BURIAL CREMATION 23b DATE BURY (APR fy)			23d LOCATION (City or Town)	(County) (State)
24	127	/69 ST. MI	CHAEL'S CEMETERY		S SCHATURE
K	milloum Sower	RS HAFER-SOWER HOME 60 W.MAI	S FUNERAL 250 REED BY	2 1969 William	May Judge.
	manufall source	W. P.A.I.	TO LANGE CAME		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06218 CERTIFICATE OF DEATH First DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR 24 hamrs after death Month3O (Type or print) IONA KEMP MAY 3 SEX S DATE OF BIRTH 4. RACE 6. AGE (In years IF UNDER 1 YEAR lost birthoay) FEMALE WHITE FEBRUARY 18, 1908 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED (auntry) MARYLAND U.S.A. WIDOWED TX DIVORCED [ALLEGANY 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSJAL OCCJPATION (Kind of work done that the duath certificate be executed, within carbon give street address) FROSTBURG 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY YES TUP remove 201 WELSH HILL 14 FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last GARLITZ CLARANCE CHANEY **IDA** ond 160 WAS DECEASED EVER N U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no ar unknown) 212-24-0634 RAYMOND F. KEMP. CHEVY CHASE. MD APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY BRAIN SUNDROME Acote IMMEDIATE CAUSE (o) Conditions, if on , which gave) CIRCULATORY DISTURBANCE burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ARTERIOSCLEROSIS PART 2 OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO DE YES -210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Nem 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. 21d MLLRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote White Not while at work 22a I certify that (I) (this haspital) attended the deceased from MAY 22, 19 69, ta MAY 30, 19 69, that (I) (we) last saw the deceased alive on MAY 30 19 69 and thorin (my) (our) opinion death occurred on the date and haur and from the couses stated obove, (!) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS 2 DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS S. PAIGE STRONG. M. D 167 E. MAIN ST., FROSTBURG, MD. 21532 director, 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) READ THE RESTO JUNE ST. MICHAELS CEMETERY FROSTBURG. MD. 24 FUNERAL DIRECTOR ADDRESS 2So REC D BY REGISTRAR

JOSEPH R. DURST, FROSTBURG, MD. 21532



- 1		CERTIFICATE OF DEATH	
-1		DECEASED NAME First Middle Lost 2a DATE OF DEATH 2	b. HOUR
- 1	[]:	(Type or print) Israh D. Kenny Manth 25 Doy 19409	6:30 N
ı	3. SE	SEX	NDER 24 HRS.
		Temole 16, 1881 87" YRS	74.94.
- 1	70. B	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Į	tudii	MARKED NEVER MARKED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	Md
	10 0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired) 120 USUAL OCCUPATION (Kind of work dame during most of working life, even if refired) 120 USUAL OCCUPATION (Kind of work dame during most of working life, even if refired) 120 USUAL OCCUPATION (Kind of work dame during most of working life, even if refired)	IESS OR
/	13a admi:	NUSUAL RESIDENCE (Where deteased fived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UNITS? 13e STREET AND NUMBER 13b COUNTY Allegany Cualific PEST NO 15th 15th 15th 15th 15th 15th 15th 15th	net.
1	14. F	FATHER'S NAME First Middle Low Is MOTHER'S MAIDEN NAME First Middle Lo Cavanous	0
		O. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Address	ns?
		1/6 agrees average marvered appear was in	UIT DUAL
		18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c))	
		IMMEDIATE CAUSE (a) Con explice Necest 1 colline	
		DUE TO, DR AS A CONSEQUENCE OF	
		conditions, if any, which gave is to immed ote cause (a), (b) myscercelie unfacelin	
		stating the underlying course. Due 10, OR AS A CONSEQUENCE OF	
		last. (c) Certerios Cerose.	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	NO.	190. DATE DE OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	VINC
)	CERTIFICATION	196. DATE OF DEEXALION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 ACTOST? 1206 ACTOST? CAUSES OF DEATH?	TING
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19	
		21d. INJURY OCCURRED While Not while of work of work of work	Stote
		22a certify that (1) (this hospital) attended the deceased from, 19, to, 19, that (1)	
		saw the deceosed alive on	from the
,		22b. SIGNATURE ATTENDING MED STAFF 22c. DATE SIGNED	
		Clearance or ractions - run y DEGREE PHYS. DIRECTOR DIRECTOR PHYS. L.	
		22d. PHYSICIAN'S NAME (Type) Clarence Vincent	
		Charence windows	
	l li	Sylvalal (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (St. Michaela Cem. Frestling allegang)	tate)
		FUNERAL DIRECTOR 250. REC'D BY REG STRAR 25H AEGISTRAR 5 SIGNAL RE	
		Their Spec Cumb. Md MAY 28 1969 (Chandles Shage	

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completely filled in by the

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TO BORNITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Fag 4 my b retained by the haspital ar attending physician.

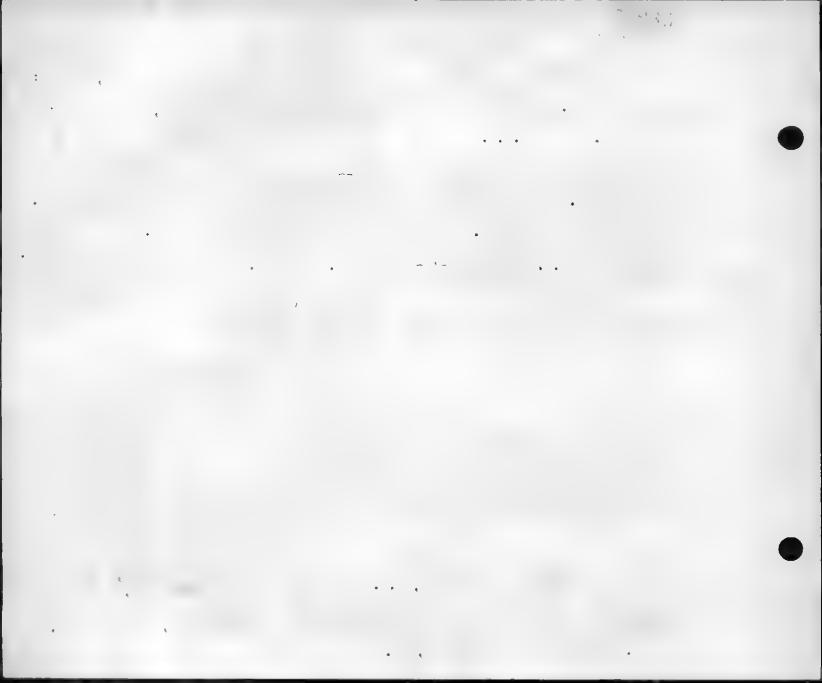
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician god campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages—Land 2 should be filled with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV 1/68



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hou	llem) J		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perhait. File pages 1 and 2 with the State Departmen	Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.
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VR A15ME (5)

*	06227		L RECORDS, 301 W. PRE	EPARTMENT OF HEALT STON STREET, BALTIMORE,	MARYLAND 21201					
ATE	L			CERTIFICATE OF D			06220			
XPI.	I. DECEASED-NAME (Type or Print)	First William	M.ddle John	Lost Kinsman	20 DATE KNOW OF EST	WN Menth	Doy Year 2b HOI	UR K		
84	3 SEX 4	RACE S DATE O			DEATH MAT		3,1969 12:3	0/		
me	Male		3/26	loy) MONTHS DAYS HOURS	Milh Month Mau	3. Day 196	Yeor			
JDde	7a. BIRTHPLACE (State of	or foreign 7b CITIZEN O	F WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	,	9 19 12 130 p) m		
te D	country) Penna			WIDOWED D-VORCED	Allege			Md.		
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit peragit. File pages 1 and 2 with the State Depart Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.	10 CITY OR TOWN OF A	nd	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspito give street address) Memorial Hospital—DOA 120 USUAL OCCUPATION (Kind of work dane during action making life, even if retired.)							
2 with death.	13a USUAL RESIDENCE admission) STATE	(Where deceased lived, if i	nstitut an Residence before 136	Cumberland YES	1001 0111121 1011		Valley Rd.			
poges lond? with hours ofter deoth.	14. FATHER'S NAME	First N Havry	J. Kinsman	IS. MOTHER'S MAIDEN NAME	First Katherine	Middle A.	Carey			
p poge 72 hour	(Yes, on as unknown	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO. 220-16-612	9 Mrs. Audrey		ADDRESS Box 150A	Rd Cash Valle			
<u>=</u>)=		EATH (Enter only one couse	per line for (o), (b), and (c).)				APPROX MATE INTERVAL BETWEEN ONSET AND DEATH	1		
wif	PART I, DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a)		Coronary Oecl	lusion		Sudden			
ansit p event	Conditions, if any	(b)		Coronary Sci	Perosis		f1			
iuriol-transit permit Filse in ony event within 72	stating the under), OR AS A CONSEQUENCE OF							
os a b	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
sed novo	190. DATE OF OPE	RATION	19b. CONDITION FOR WHICH WAS PERFORMED?	H OPERATION	-		20. AUTOPSY?	-		
be u							YES NO X	X		
thould ion, or	PRIMARY OR CAUSE OF DEATH	CONTRIBUTING HO	IE OF INJURY Manth, Day, Year UR A.M. P.M. 19	21c. HOW INJURY OCCURRED (I	inter noture of injury in P	art I ar Port 2, Item	n 18)			
RAL DIRECTOR: Page 3 should be used as a b prior to burial, cremation, or removal, and	WHILE - NOT	RRED 21e. PLACE OF INJU factory, office b	IRY (At home, form, street, uilding, etc.)	21f LOCATION Street or R.F.D. N	o. City or Tox	wn	County State	e		
ok: P	22a. l ce	,		ibove, held an Autopsy 🔲,	Inspection X,	Inquiry 🔀.	ond in my opini	ion		
ba o	deoth resu	ited from: Notural	couses X, Accident	, Suicide , Homic	ide 🔲, Undeterm	nined manner []			
AL DIR	ACTUAL SIGNATURE	Lenediet	Skitarcle	#11.U	DICAL EXAMINER	22b DATE SI				
FUNER	EXAMINER'S NAME (Type)	BENEDICT	SKITARELIC, M.		CAL EXAMINER 🔀 et, c.ly, town, or CUMB	M <u>ay 3</u> BERLAND M		_		
TO He	230. BUR AL, CREMATIC			etery or crematory 2morial Park	23d LOCATION (City	, i	Caunty) (State)	A		
SME 19 0	24. FUNERAL DIRECTOR		ADDRESS Cumberland, Md	25a REC	D BY REGISTRAR 2	Sb. REGISTRAR'S SI	GNATURE .			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06221 DECEASED NAME Firs! Middle Lost 20 DATE OF DEATH 2b HOJR P be executed within 24 haurs after death. (Type or print) Month 23Doy 10:45 MAY DANIEL MMI KTOTZ 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years las_birthdoy) MALE WHITE 7a BIRTHPLACE (State ar fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) within 72 DIVORCED [ALLEGANY MARYLAND 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (of not in hospital 12a LSJAL OCCUPATION (Kind of work done give street oddress) MINORS FROSTBURG and in any event, 13a USUAL RESIDENCE (Where deceased lived, f institution Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 15b COUNTY NONE IS MOTHER'S MAIDEN NAME FIRST Middle Last MARY PPPE requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, mayeryunknown) (If yes give war or dates of service) O FUNERAL DIRECTOR: After this certificate has been signed by the attending physi director, page 3 shauld be detached for use as the burial transit permit. Then pl should be filed with the State Dept. of Health prior to burial, cremation, or remaval, GRANTSVI NEWMAN APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY.
Diffuse to BETWEEN ONSET AND DEAT Diffuse bilateral pneumonitis IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Candida & staphlyococcus organisms Conditions, if any, which gave) nse to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Chronic obstructive lung disease 6 weeks PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) pulmonary infarct. left Page 4 may be retained by the hospital ar attending 19g. DATE OF OPERATION 19b. COND.T.ON FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NOJE YES [21a. ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from April 8, 19 69 to Fay 23, 19 69, that (I) (We) last saw the deceased alive an May 23 19 69 and that in (my) (our) apinion death accurred an the date and hour and from the causes stated abave, (1) (wg) (did) (did nat) view the body after death. 22b SIGNATURE 22¢ DATE SIGNED ATTENDING STAFF DEGREE 22d PHYSICIAN'S 22e. ADDRESS STRONG ST: FROSTBURG, 23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY ST PAUL'S CEMETERY ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH



. 1	- 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06222
HEALTH DEPT		1 DI	ECEASED NAME First Middle Lost Zo DATE KNOWN Month	
	1	(1	JUANITA OLIVE KNIPPENBERG DEATH MATED MAY	
delay is and 3 to 43. Page	H	3 58	4. RACE S DATE OF BIRTH 6 AGE (In yours IF John 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 HOUE
Iny delay is 1, 2, and 3 to m PM3. Page	-/	Fe	emale White Jan. 28, 1910 59 YRS NOVES MIN Month May 13	1969 19 50
, 2, n F		70 E	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? IS MARRIED NEVER MARRIED 1 9 COUNTY OF DEATH	
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off the Sta		10 (ILL OK LOWN OF DEATH ILL WAME OF MOSHIEF OK WISHIRDION (ILL BOT IN MOSPIGE 11/20 RISHIRD OK CAPATION (Kind of Work done	26 KIND OF BUSINESS OR
± 4 €		_	moerland oG Jane Frazier Villiage	INDUSTRY Textile
s after (18. Give alang with the	3	130	US.A. RESIDENCE (Where deceosed lived, f institution Residence before 13t. CITY OR TOWN 3d INSIGE CITY M 137 13e STREET AND NUMBER 13b. COUNTY Allegany Cumberland YES V NO 66 Jane Fragi	
N - 61 2			The second secon	er Villiage
Office Office affer of		14 F	ATHER'S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle	lost
2 E X X 2		1/ 1	William Everett Knippenberg Louise C. Handle WAS DECEASED EVER IN U.S. ARMED FORCES? Links Social SEGIR TYNO 117 INFORMANT ADDRESS	
within 24 pencil in xaminer/s		(Y	es. no. or unknown) 1 (If we nive wer or dates al service)	
iT				APPROXIMATE INTERVA.
			1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY.	BETWEEN ONSET AND GEATH
xecuted nding" ii Medical permit			IMMEDIATE CAUSE (a) CORONARY OCCLUSION	SUDDEN
d be executed a "pending" i Chief Medical transit permit y event within			4/09 DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) COPONTARY SCT. FROSTS	
d be d "pe Chief transil	_		nse to immediate cause (a).	
should be e te ward "per to the Chief I burial-transit in any even			stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she whe who to the to t			(c)	
s certificate stee, writing the farwarded to sused as a buemaval, and in			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEADS BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)	
te, writin farward e used as remaval,		CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
em fair	2	IFIC	WAS PERFORMED?	YES NO [X]
fical find and a second and a second a			210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2,	Item 1B.)
INER: Te certificate shauld be files.		MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19	
= a ~ ~ ~ ~ ~		ME	21d. N.JRY OCCURRED 21e, PLACE OF NJURY (At home, form, street, while not white foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. (ity or Town)	County State
XAM ute th age 4 your your Page			WHILE MOT WHILE TOCTORY, OTTICE building, etc.) AT WORK AT WORK	
ical E executor. Por ed for CTOR: burnel,			220 certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry [X, and in my opinion
e e estron. Itor.			deoth resulted from. Notural couses 🔀, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manne	r 🔲
lease durect training			CHIEF MEDICAL EXAMINER	
ressary, please exert e funeral director. Pa may be retained for FUNERAL DIRECTOR:			SIGNATURE AND MEDICAL CARMITAGE	TE SIGNED
DEPUTY Scessary, p e funeral may be r FUNERAL			EXAMINER'S DEPLOY SELECT OF THE DEPLOY MEDICAL EXAMINER May 13	
TO DEPUTY necessary, the funero 5 may be 10 FUNERA Health pr			NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or COMBERLAN	
5 = ± 2 5 ±		230	BUR AL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town)	(County) (State)
		24	REMOVAL (Specify) Burial 5/16/69 Sunset Memorial Park Cumberland, All FUNERA, DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 RECIPIED BY RECIPIED BY REGISTRAR 250 RECIPIED BY RECIPI	Legany, Md.
VR A15ME (5)	120			
10M REV 1/68	174	Pr	nilip B. Wendt 121 Memorial Ave., Cumb., Md. DATMAY 1 6 1969	The state of the s

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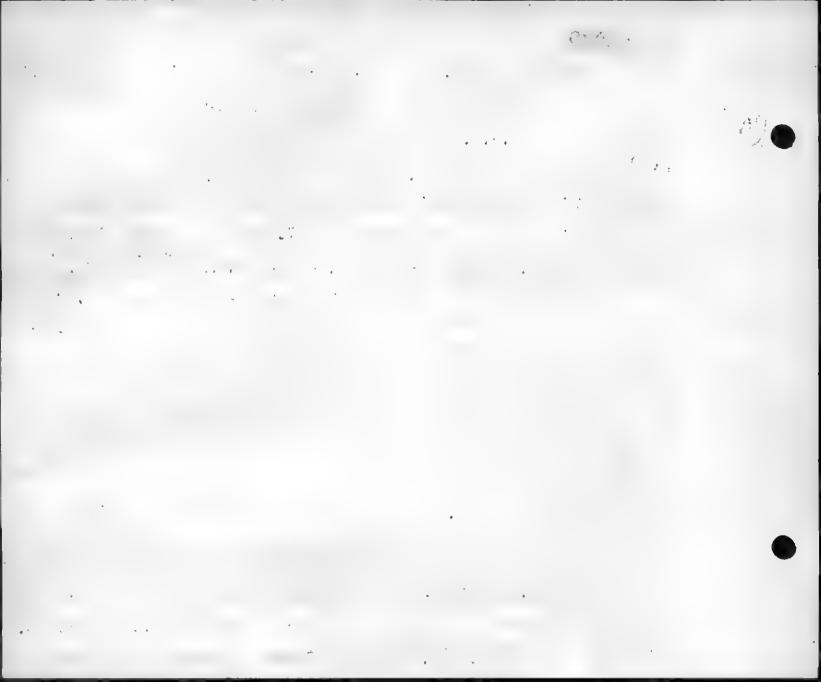
FROSTBURG. ALLEGANY

25b REGISTRAR'S SIGNATUR

2So. REC'D BY REGISTRAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or ottending VR A15 30M REV. 1768

requires that the death certificate be executed within



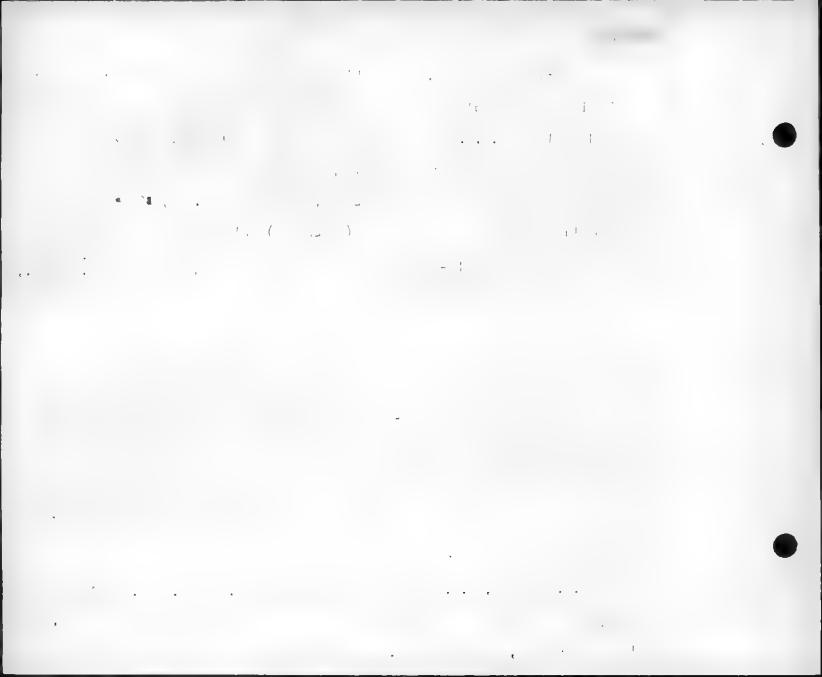
within 24 hours after deoth

requires that the deoth certificate be executed

O FUNERAL DIRECTOR: After this certificate has been

be retained

MARYLAND STATE DEPARTMENT OF HEALTH



06233

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06226

													- ~	7.37	
		ECEASED-NAME	First Middle						20.	DATE OF DEATH			2b H	OUR	
	(1	(Abe at buint)	BENJ	AMIN	1.		MAR)	<		ζ.	onth Day	6 ⁴ 9°	1	1 .	1 DM
	3 SE	EX		4 RACE			S. DATE OF	BIRTH		6. AGE (In years I II UNDER I YEAR				UNDER 2	4 HRS.
		MALE		WHITE	=		5.	-3-91		last.	bighdoy)	MONTHS DA	YS HO	JURS	Man
	70 E	BIRTHPLACE (Stole or	loreign 75	. CT ZEN OF WHA	T COUNTRY?	8 MARE	RIED NEVER MA	PPIED	9 COU	INTY OF DEATH					
	COUP	LITHU	ANIA	21. S.	A		WED X DIV	ORCED		ALLEG	ANY				Mid
	10 0	ITY OR TOWN OF DE		II NAN	ME OF HOSPITAL OR .		-and		AL OCCI	JPAT ON (Kind		12b KIND	OF BUS	INESS (OR.
		CUMBERLA	DNA	give str	MEMORIA	НО	SPITAL	during m	FTT	RED fe, ev	en if retired)	*NDUSTRY			
7	130	LOUIS DECIDENCE AND CONTRACT OF THE PROPERTY O													
7.	admi	STATE WARY	AND	13ACOUNT GA	ANY	CUMB	ERLAND	YES X NO	0 🔲	600	SHRIV	ER A	VEN	UE	
	14 F	FATHER S NAME	First	Middle	Lost		Is. MOTHER'S /	MAIDEN NAME_F	First		Middle			Last_	
		HI	ERSHEL		MAR.	X		S	ARA	λH		(GOL	DE	N
		WAS DECEASED EVER			6b. SOCIAL SECURITY	/ NO	17. INFORMANT				Address				
		es, no, or unknown)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UU-UI OF HATTER			MEMOR	RIAL H	08F	PITAL	CUMB E	RLAND),	MD	
		18. CAUSE OF DEA	TH (Enter only o	ine cause per line	for (a), (b), and (e).)							ROXIMATE EN ONSET		
		PART I DEATH	ia bilat	eral				5 days							
		HIND DUE TO, OR AS A CONSEQUENCE OF													
		Conditians, if any, use to immediate		(b) ACT	ite Ventr	ricula	ar Failu	re, rig	ght	and lei	Ct.	6 d	lays		
		stating the underl		DUE TO OR AS	A CONSEQUENCE O	Paro;	xysmal A	uricula	ar F	ibrilla	ation	Over	10	. , ∈	ar
		last.		(t) Cor	conarge Ar	teri	oscleros	is Myoc	ard	lial Fi	mosis,				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
	NO.	Uremia, Benign Hypertrophy of Prostate													
	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES WERE FINDINGS CAUSES OF DEATH?								CONSIDERED IN CERTIFYING					
	ERTIF	TES NO X													
											Item 18)				
	MEDICAL	(If either, notify me	edical examiner)	P.M.		19									
		21d INJURY OCCUR While Not whil	e Zie. PL/	TE OF INJURY (&	it home, farm, street f rfice building, etc.	ACIONY) 21	It LOCATION Stre	et ar R.F.D. Na		City or Tow	n	County		Sta	rte
- 1		at work at work		(4 . 1)	1 1 1 1	1.5	1.02- 11	100	10	A Charles	1710	69		, .	
- 1		22a. I certify t	nai (i) (inis i eceased alivi	raspital) atten	ay 9	sea tram 19 69	and that in (r	ny) (aur) ani	Z_,	leath accurre	ed on the dat	ond ha	at (I)	(we)) last
- 1		causes sta	ted abave, () (we) (did) (d	lid nat) view the	bady of	ter death.	,, (a.a.) api	/	200717 0000110	Ju Oli IIIG uui	e and not	or arra	Hun	1 1116
		22b. SIGNATURE	1				ATTEND	ING W	MED	CTACC		ATE SIGNED			
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		22d DHOSTERAN S WAME (Type)	DR.	STACI	DBSON		22e AD	CUMBE	DI /	M GNZ	n				
								JOIMOL	~						
	23a	BUR AL CREMATION REMOVAL (Specify)	23b DAT	11/19	23¢ NAME OF		OR CREMATORY		230	LOCATION (Car	or Tower	19011	2/ (Stote)	M
	K	FUNERAL DIRECTOR	-/	11/0/	ADDRES	1/4	in ()	Dre Drein n	1 (2	LINE CO	Diction	Ulle	pen	74	10
)	24.	PONEDIE DIRECTOR	150	- ()	- ADKES	' /	MD	2Sa. REC'D B	Y REGIS	969	REGISTRAR'S	SIGNATURE	12/		

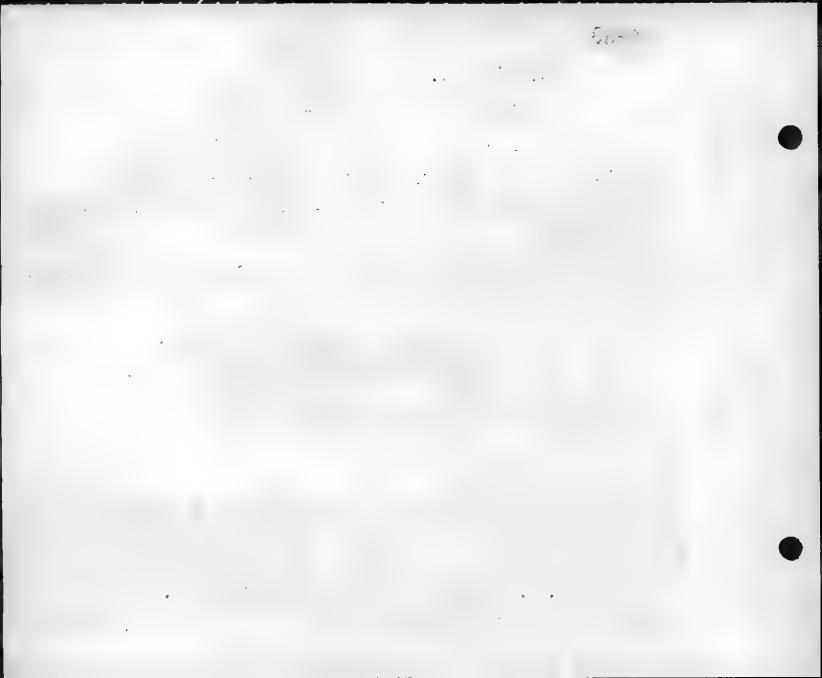
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician drib completely filled in by my character, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers: Pages and 2 shauld be filed with the State Dept of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4)

within 24 haun

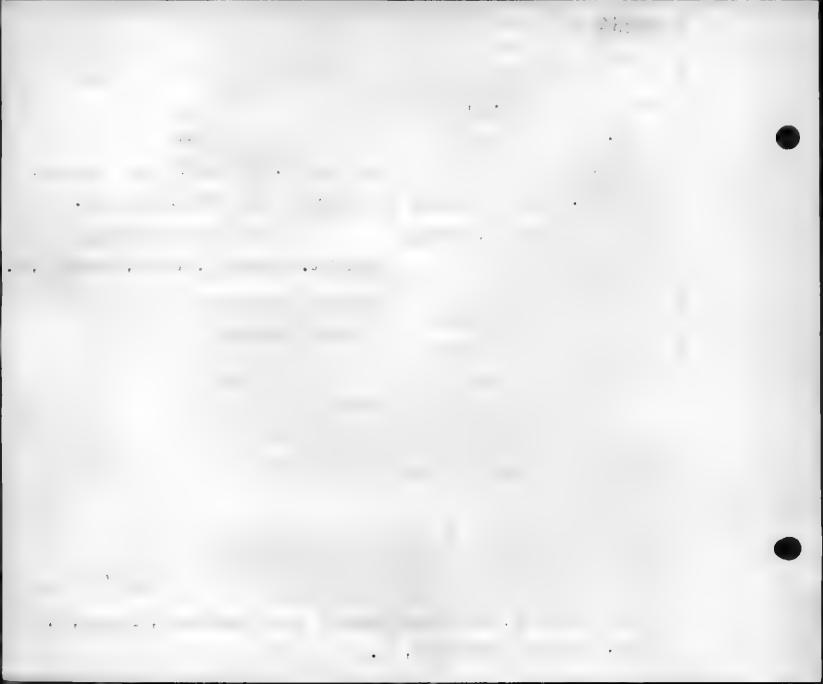
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TO HOSPITAL OR ATTENDING PHYSICIAM: The law mayines that the demith certificate be

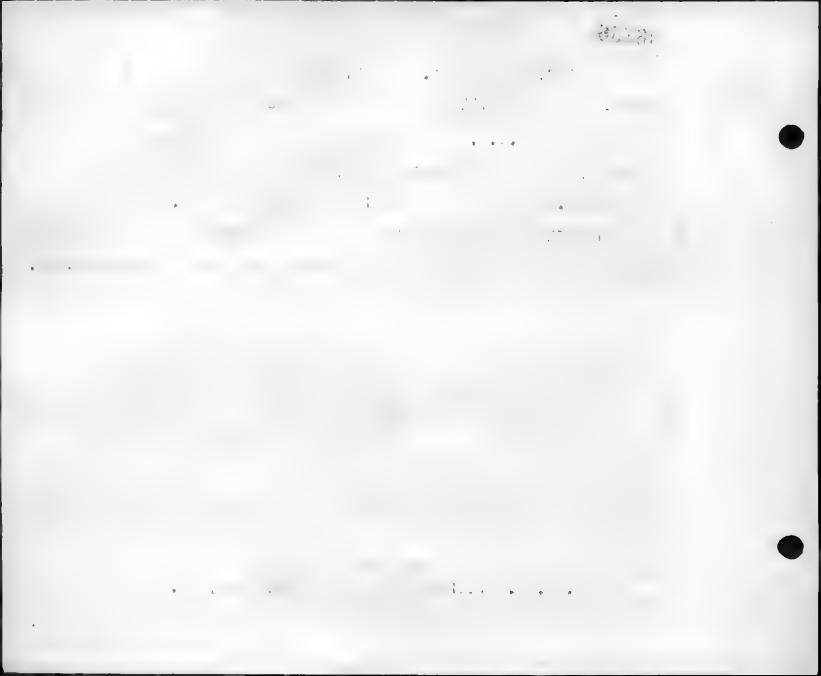
Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME First Middle Lost 2b HOUR 20. DATE KNOWN To Month Day Yeor OF ESTI- XMAY 11, 1969 (Type or Print) MC KAY HESTEL PEARL 9 ам 6 AGE (n years IF UNDER 1 YEAR IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 4. RACE S DATE OF BIRTH 2d HOUR 3. SEX White Aug. 13, 1897 Female 3 p M 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Md. Allegany USA WIDOWED X DIVORCED Give Pages Stat TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 902 Michigan Aved Registeres Wirse Hospital Cumberland 130. LSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY DR TOWN 3d INSIDE CITY L M ISP 13e STREET AND NUMBER adm ssian) STATE Md. 13b COUNTY Allegany 902 Michigan Ave. Cumberland in |tem 18. YES TO NO and 2 IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Twigg Catherine Goldsborough Charles Fox 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Sons in pencil (Yes, no, or unknown) Cyril J. & Joseph K. Mc Kay, Cumberland, Md. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) permit. forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave CORONARY SCLEROSIS rise to immediate cause (a). certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) HYPERTENSIVE CARDIOVASCULAR DISEASE used 20 AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🔲 NO To 21o EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN. JRY (At home, form, street, 21f LOCATION Street or R F D No City or Town County State factory, office building, etc.) WHILE NOT WHILE 22a. I certify that I tank charge of the remains described above, held an Autopsy ... Inspection XX Inquiry XX and in my apinian Natural causes XX. Accident . Suicide . Hamicide Undetermined manner the funeral director death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER MAY 11. 1969 DEPUTY MED CAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or configUMBERLAND, MARYLAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMAT ON 23d LOCATION (City or Town) 23b DATE (County) (Stote) May 14.1969 Sunset Memorial Park Cumberland, Allegany, Md. 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S S-GNATURE 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. VR A15ME (5)



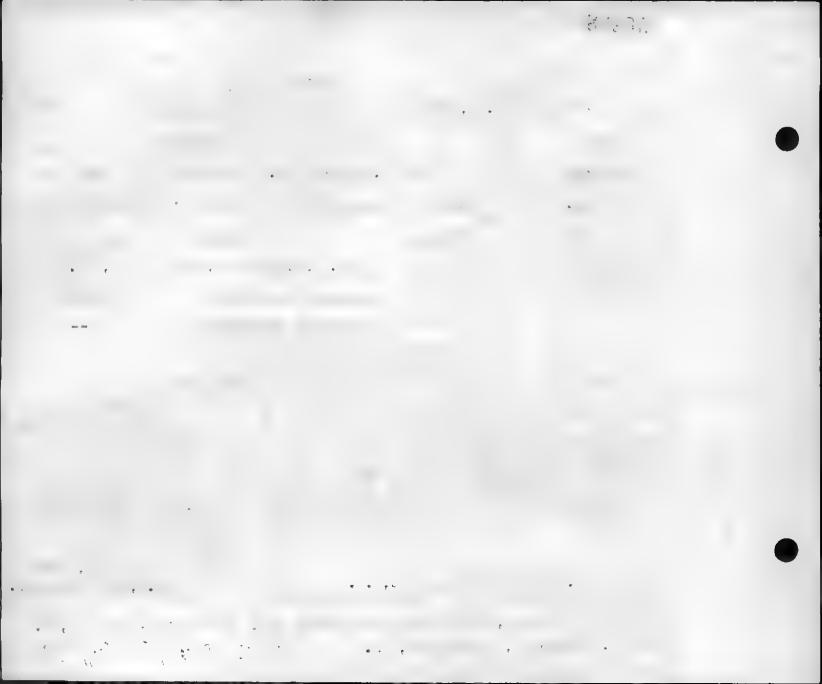
1		DIVISION OF	MARYLAN VITAL RECORDS,			NT OF HEAD		IAND 21201		
	06235	DIVISION OF			ATE OF D		KE, MAKTI	DAND 21201	0622	0
	CEASED NAME First ype or print)	FRANK	Middle N .	MI	Lost ETZ	20	DATE OF DE		Ooy 69 Year	2b. HOURP 5:07 M
3 SE	MALE	4 RACE	WHITE		5. DATE OF BIRTI		6	AGE (in years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70. B	IRTHPLACE (State or foreign try) MARYLAND	CITIZEN OF W	HAT COUNTRY?	8. MARRIED [NEVER MARRIE	9 (0	OUNTY OF DE	ATH	LLEGANY	Md.
10. C	TY OR TOWN OF DEATH CUMBERLAND	11 N	ACREDSSHEAR	T HOSP	t in hospital	120 USUAL OCC during most of	CUPATION (K	nd of work done 168 fretired	12b. KIND OF E	SUSINESS OR NER
	USUAL RESIDENCE (Where deceose sisten) STATE MD.		fion: Residence before ALLEGANY	13c CITY OR BAR		ES NO NO	13e. STREET	T AND NUMBER		
14 F	ATHER'S NAME First WIL	Middle LIAM	METZ	IS	MOTHER'S MAID	EN NAME First	AMY	POLAN		
160 Ye	WAS DECEASED EVER IN U.S. ARME es, novoEugknown) (fyes give wor	D FORCES? or dates of service)	215 10 4	404 S	FORMANT ACRED HE	EART HOS	PITAL	RECORDS	900 SET	
	18. CAUSE OF DEATH (Enter on y PART I. DEATH WAS CAUSED	one couse per li BY E CAUSE (o)	ne for (a) (b), and (c)	0 1	ailus.	s 4			APPROXIM BETWEEN ON	IATE INTERVAL ISET AND DEATH
	492 X Conditions, if ony, which gove		AS A CONSEQUENCE OF	lower	PU) am Amb	14		- one	
11	stating the underlying cause lost	DUE TO, OR	AS A CONSEQUENCE OF	En	phys	Paro.				
	PART 2 OTHER SIGNIF-CANT CONC	ITIONS CONTRIB.	TING TO DEATH BUT NO	OT RELATED TO	THE THRININGS D	SEASE OR CONDIT	ON GIVEN IN	PART 1(o)		
CERTIFICATION	190. DATE OF OPERATION 196 CO	ONDITION FOR WE	HICH OPERATION WAS PER	REFORMED	200. AUTOPSY	NO X	20b IF YES		CONSIDERED IN CE	RTIFYING
∣ੋਵੀ	21 o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M.	Month Doy Year	1		RED (Enter notu	re of injury is	Port 1 or Port 2	2, Item 1B.)	
			AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Street o	r R.F.D. No.	City or	Томп	County	Stote
	22a I certify that (I) (this saw the deceased ali causes stated above,	haspital) att	ended the decease	d from 4	that in (my)	, 1969 (aur) apinian	, ta death acci	urred an the d	9_67_, that date and have a	(I) (we) last ind fram the
	22b. SIGNATURE	(i) (West (did)	and view life is	DEGRE	ATTENDING	MED DIRECTO	5		C. DATE S GNED	69
	22d. PHYSICIAN'S NAME (Type) DR.	E. PAUL			22e ADDRES				AND, MD.	21502
Bu		6/69	23c NAME OF Laure		CREMATORY	23a M	LOCATION ((dv or Lown)	(County) M	(Stote)
24 F	UNERAL DIRECTOR OAL'S FUNERAL H	IOME -WE	STERNPORT,	MD. 2	1562 25	RECD BY REG	STRAR 9 1969	25b REGISTRAR	S SIGNATURE	ge.
	(- ()	1000	, ma							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06230 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Lost 2a. DATE KNOWN Month 2b HOUR (Type or Print) LUCILE MILLER DEATH MATED May 19.1969 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 2c DATE PRONOUNCED DEAD Female White July 11, 1903 May 19. 1969 76 CIT ZEN OF WHAT COUNTRY? 70° BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland WIDOWED Y DIVORCED | Allegany ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (1f not in hospital 120 USUAL OCCUPATION (Kind of work done after death 26 KIND OF BUSINESS OF e, writing the ward "pending" in pencul in Item 18. Give Pa farwarded to the Chief Medical Examiner's Office along wit Memorial Hospital--DOA Own home Cumberland. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d. INSIDE CITY (IM TS? 13e. STREET AND NUMBER 136 COUNTY Allegany Cumberland. YES [X] NO 420 Fayette St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frank Hattie Bennett Routzhan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes no or unknown) Mrs. Joseph E. Strickland, Henry Dr. LaVale 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I, DEATH WAS CAUSED BY SUDDEN CRUSHED SKULL IMMEDIATE CAUSE (0)__ DUE TO, OR AS A CONSEQUENCE OF a burial transit pand in any event Canditions, if any, which gove (AUTO ACCIDENT) r'se ta immed'ata couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? AE2 21b TIME OF NJURY Month, Day, Year HOUR MEM 19, 1969 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING Driver in two car crash CAUSE OF DEATH 21d MAURY OCCURRED 21e PLACE OF IN. JRY (At hame, form, street, 21f LOCATION Street or R F D. No. City or Town (gunty State 5 may be retained far yaur O FUNERAL DIRECTOR: Page Health prior to burial, crem ractory, office building, etc.) WHILE NOT WHILE AT WORK Rt.#40 Near Flintstone, Allegany, Maryland the funeral director. Page 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinian Natural causes Accident K. Suicide . Hamicide . Undetermined manner death resulted fram-CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER [May 19, 1969 EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M. D. ADDRESS(Street, cty, town, or GHMBERLAND, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23b DATE 23d LOCATION (City or Town) 5/22/69 Hillcrest Burial Park. Cumberland. Allegany Md. 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE H. Wayne George Cumberland. Maryland VR A15ME (5) Octomber Judge

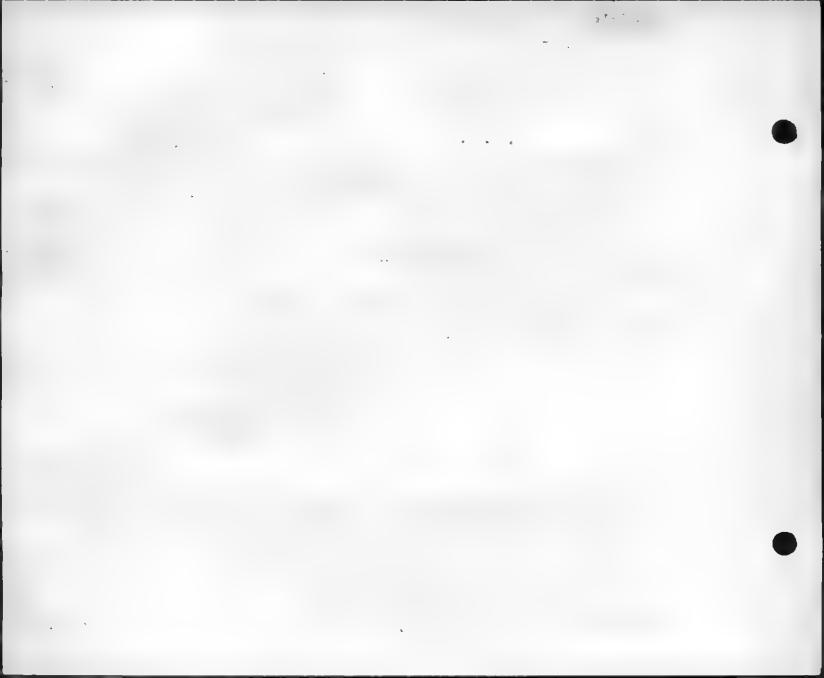


10M REV 1/68



-	1	06939		301 W. PRESTON STREET, BALTI		
	I.	tem6 FilmG413 5/2		CERTIFICATE OF DEATH	MORE, MARTLAND 21201	06232
E A E		DECEASED-NAME First (Type or pnnt) Martha	Middle	lost Morris	20. DATE OF DEATH Month 5 Dey	12 Year 69 25.50 UR
des de	3	Female	4 RACE White	5. DATE OF BIRTH 1/29/90	6. AGE (in years last birthday)	RE JNOER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
hours aft m by he rs. coges		BIRTHPLACE (State or foreign 75 untry)	CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	7 1
executed within 24 hind campletely filled who remaye carbon pagers in any event, within 7254	10	Maryland OIY OR TOWN OF DEATH Cumberland, Maryl	11 NAME OF HOSPITAL OF INT	STITUTION (If not in hospital during me	Al: legany, Cumber to Courant of Working He, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
cuted w ampletel ve carbs event, v	130 od	USUAL RESIDENCE (Where deceosed nission) STATE Maryland	Inflied, if institution Residence before 13b COUNTY Allegany	Trostourg 13d NSIDE CT LIN Frostburg YES NO	Apt. OU Fros	t Village
be exected and complete remains	14	FATHER'S NAME First George		ris IS. MOTHERS MAIDEN NAME &		Atkins
physician please oval, and I	16	a WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give work	FORCES? 16b SOCIAL SECURITY 220-146-52	NO 17 INFORMANT P. O. I	y Infirmary Reco	rds Maryland
requires that the death certificate be executed within 24 hours g physician. signed by the attending physician and campletely filled in by his burial-transit permit. Then please remave carbon papers, but a burial, crematian, ar remaval, and in any event, within 72-hours		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE		ardial dry a	retin	APPROXIMATE INTERVAL BETWEEN ONSIT AND DEATH MINGTON
is that the cian. d by the 1-transit p		Conditions, if ony, which gove trise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	Julenoide	A STATE OF THE STA	gar-
v requires ing physicien en signed he burial-t	N			OT RELATED TO THE TERMINAL D SEASE OR C		
The law re attending has been ise as the Ith pr, ar to I	CEPTIECATION	190 DATE OF OPERATION 196, CO	NOTION FOR WHICH OPERATION WAS PE	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
rsician: The aspital ar at a certificate he hed far use it. af Health	MEDICA CE	OR CONTRIBUTING CAUSE OF DEATH		9	nature of injury in Part 1 or Part 2, I	
PH' e h his stac Dep	2	While Not while		21f LOCATION Street or R.F.D. No.	City or Town	County State
D HOSPITAL OR ATTENDING Page 4 may be retained by th D FUNERAL DIRECTOR: After the director, page 3 shauld be de should be filed with the State		vila beceased aliv	haspital) attended the decease e an <u>May 12</u> [] (we) (d.d) (d d nat) view the	ed from FEDTUARY 1,49 9_69, and that in (my) (aur) api bady after death.	nian death accurred an the da	te and havr and fram the
OR AT be reta DIRECTO		226 SIGNATURE	Myron	Magree ATTENDING DI	ED. STAFF (X) PHYS. (X) 5	DATE SIGNED
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	/	22d: PHYS CIANS NAME (Type) GOO		n ans 22e ADDRESS		
Page 10 FUN direct		b. BURIAL, (REMATION, 23b DA	14-1969 ST.	Michaeles	23d LOCAT ON (Gry or Town)	alleg ma
VR ATA (A)	24	FUNERAL DIRECTOR	eph R Dural	Froatbur 250 RECO B		SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

any delay is

This certificate shauld be executed within 24 hours after death

DICAL EXAMINER:

TO DEPUTY

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in pencif in Item 18. Give Pages 1, 2, and 3 to P.M.Jan.Page the funeral director. Page 4 sllould be forwarded to the Clief medical Examiner's Office along with Tath necessary, please execute the certificate, writing the ward "pemding"

5 may be retained far yaur files.

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

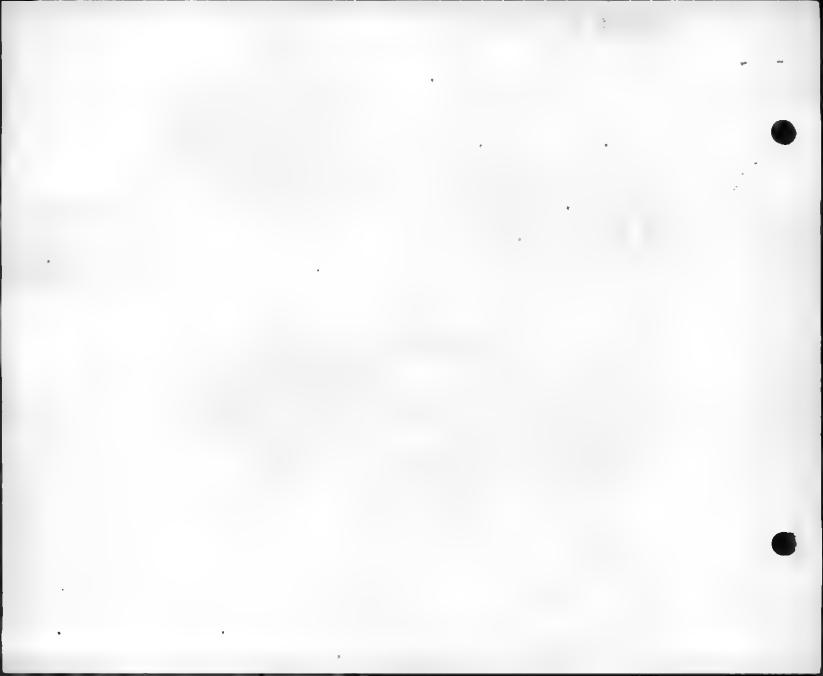
	0624	9 DIVISION	MEDICAL	EXAMINE					AND ZIZUI		0623	33
	ECEASED-NAME Type or Print)	First		Middle		Lost			20 DATE KNOW	Month	Doy Year	25 HOUR
1	ype or Print)	RAYMO	ND	JESSE		MOYER	S		OF ESTI- DEATH MATED	□ May	24:69	3a M
3 5		4 RACE	S DATE OF BIRTH	4 4	(In years birthday)	F UNDER 1 YEAR		24 BRS	2c DATE PRONOU		-	2d. HOUR
	IALE	WHITE	MAY 11,		8 YRS		Hooks	J	May	211	18 v	LLB M
	BIRTHPLACE (Stot		. CITIZEN OF WHAT CO	UNTRY?	8 MAI	RRIED NEVER	WARRIED [NTY OF DEATH		^	
เอเก	"Y)WEST	VIRGINIA	U.S.A.				VORCED [LLEGANY			Md
10. 0	ITY OR TOWN O	F DEATH	11 NAME C	OF HOSPITAL OR IN	STITUTION	(If not in hospi			CUPAT ON (Kind o		NDUSTRY	SINESS OR
	FROST		J	CON	SOL				working I fe, eve		GARAGE	
			lived, if institution		13c CITY	OR TOWN	13d INSIDE CITY		13e STREET AND	NUMBER		
_		MARYLAND	13b COUNTY ALL		FROS	TBURG	YES 🗌	-38	CON	SOL ST	Biologi	
14. F	ATHER'S NAME	First	Middle	Lost		IS MOTHER'S A	NAME NAME	First		Middle	los	S†
		BERT	Α.		YERS	1	ME	RTIE		E.	JUDY	
		/ER IN U.S. ARMED FO	or dolar of consul	SOCIAL SECURITY N		7. INFORMANT			AC	DRESS		
,	YES		2	23-10-51	63	MRS. M	AXINE	MOYE	RS. FROS	TBURG.		532
	18. CAUSE OF	F DEATH (Enter only DEATH WAS CAUSED	one touse per line for	r (a), (b), and (c).)				-	2 .		APPROXIMAT RETWEEN ONSE	T AND DEATH
	PAKI I. U		E CAUSE (o)		Hem	orrhag	e in	Bro	nchi		Minut	ces
	160	/	DUE TO, OR AS A	CONSEQUENCE OF				~	2			
		ony, which gove)	(b)			onchog	enic	Car	cinoma		7	-
	stoting the ur	nderlying couse	DUE TO, OR AS A	CONSEQUENCE OF								
	last.		(c)				makes to see					
	PART 2 OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	D DEATH BUT NOT	RELATED	TO THE TERMINA	L DISEASE OR	CONDITIO	n Given in Part	1(0)		
CERTIFICATION	190. DATE OF C	PERATION		CONDITION FOR W		RATION					20 AUTOPS	Y?
IFIC				WAS PERFORMED?	}						YES	NO 🗌
	210. EXTERNAL		216 TIME OF INJUR	Y Month, Day, Yea	r 2	1c HOW INJURY	OCCURRED (E	nter notui	re of injury in Parl	1 or Port 2, 1	tem 18.)	
MEDICAL	PRIMARY 0	OR CONTRIBUTING	HOUR A.M	19								
MEC	21d INJURY OC	CURRED 21e Pl	ACE OF INJURY (At hor	me, form, street,	2	If. LOCATION Str	et or R.F.D. No),	City or Town		County	State
	WHILE N	NOT WHILE TO FOCE	ory, office building, etc.	.)								
			ok charge of the re	moins describe	ed obovi	e, held on Au	itopsy 🗶 .	lns	pection X ,	Inquiry [X and in n	ny opinion
		esulted from:	Natural causes [Suicide	Homicio			ed manner		,
		1		So +		-	HIEF MEDICAL					
	SIGNATURE	Jene	diet	Meila	rel	C/MD	ASSISTANT MED	DICAL EXA	MINER	22b. DATE		
	EXAMINER'S	D	At at Clot	tomolis	3.4	1 1			NER 🗶 May			
	NAME (Type)	pene	dict Ski	ral.ell(الا و د	• D•	DDRESS(Stree		wn, or cour		nd Mary	<u>land</u>
	BURIAL CREMA				CEMETERY	OR CREMATORY		23d	LOCATION (City of	r Town)	(County) (State)
	BURTAL Spec		Y 26, 1969			METTERY			FRANKLIN		VA.	
	FUNERAL DIRECT		DO CONDIECO	ADDRE			2So REC	D BY REG	6 1969 25b	REGISTRARS	MATURE	رف
190	DEPH K.	. DUMST	FROSTBURG,	MD. 21	532		DATEMA	11 4	0 1303	1	0 0	

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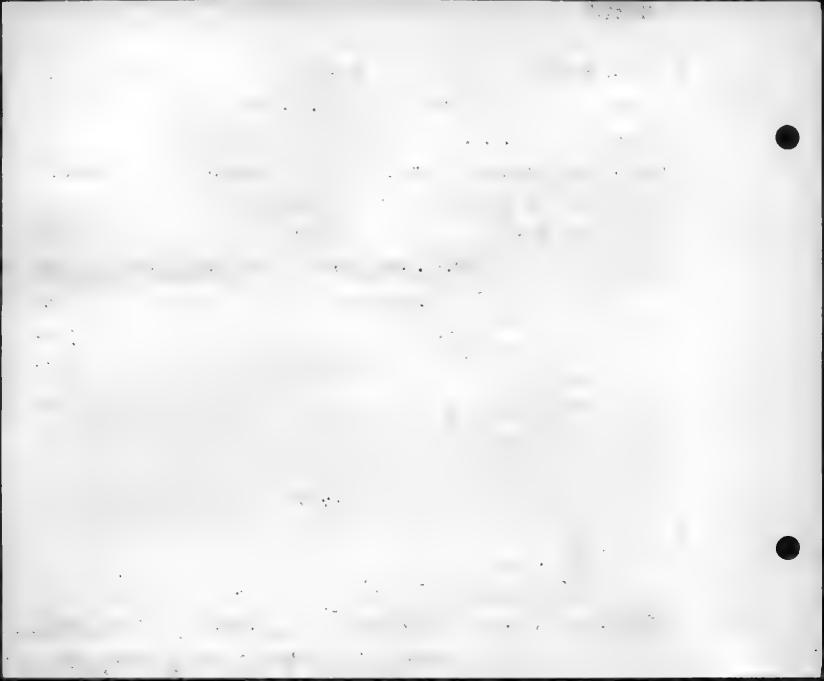
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06234 DECEASED NAME First Middle last 20. OATE OF OEATH 2b. HOUR death. 24 havrs after death Moeral and Month (Type or print) JAMES 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) 1898 Male White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) DIVORCED [7] USA WIDOWED [MD Allegany 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
Retired Miner give street address) Coal Frostburg the attending physician and complete sit permit. Then please remaye card event, 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Fodmission) STATE 13b COUNTY YES 👽 Lonaconin Gills Hill 14 FATHER'S NAME James Nightengale Mary Lyons 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Lonaconing, Yes, no or unknown) (If yes give war at dates of service) Mrs. Isabelle Nig APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ling-fec.(a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gum) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying com PART, 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) attending p O FUNERAL DIRECTOR: After this certificate has been use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO F the hospital or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY be detached far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) / AT HOME FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City of Town County State While Not while at wark 19.59, to Mucy Page 4 may be retained shauld causes stated abave, (1) (we) (d d) (did bot) view the bady after death. 22c DATE SIGNED DEGREE directar, page 3 shauld be filed DIRECTOR 22e ADDRESS 22d. PHYSICIAN LONACON 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (State) 23a. BURIAL, CREMATION (County) Burial (Specify) 1969 Sunset Memorial Park VR A15 24. FUNERAL DIRECTOR Lonaconing, Md. DATECA 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH



. 1	06242		D STATE DEPARTMENT O		
	ں /Item6 FilmG413 5	DIVISION OF VITAL RECORDS,	ERTIFICATE OF DEAT		06235
	DECEASED-NAME First	Middle	Lost	2o. DATE OF DEATH	2b. HOUR
\$ 70 G	(Type or print) DONALD	M	NORR IS	5 Month 16 Day	69°01 1:15 M
3.	MALE MALE	4 RACE WHITE	FEB.11.1	9 17 6 AGE (In years best beinday) 52 YRS.	IF UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MAN
700 110 F1	b. BIRTHPLACE (State or foreign gunter) ARYLAND	U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9, COUNTY OF DEATH ALLEGANY	Md
	CITY OR TOWN OF DEATH RURAL LITTLE OF	RLEA 1985 street oddress) HON		USUAL OCCUPATION (Kind of work done	126 K ND OF BUSINESS OR HOUSES
13	to USUAL RESIDENCE (Where deceased discussion) STATE MD	lived, f institution Residence before	LITTLE ORLEAN	100 01110111101111101111111111111111111	
14	A. FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAM		Lost
	JOHN NO	ORRIS 166 SOCIAL SECURITY N	MINNIE IO 17. INFORMANT	B Address	JEROME
- 1"		220.10.40		RRIS RURAL LITTE	E ORLEANS M
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE	one cause per line for (a), (b), and (c))		~	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
	Canditions, if any, which gave inse to immediate couse (a) (DUE TO, OR AS A CONSEQUENCE OF	tes mellit	tus	2 yrs
	stating the underlying couse	DUE TO, OR AS A TONSEQUENCE OF	alcoholism		15 yrs.
	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
O TICLE AT	190. DATE OF OPERATION 196. CO	NDITION FOR WHICH OPERATION WAS PER	YES NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	
- 1	DR CONTRIBUTING CAUSE OF DEATH	23b TIME OF INJURY HOUR A.M Month Day Year P.M. 19		Enter nature of injury in Port 1 or Part 2,	
1	While Nat while at wark at work		FORY,) 21F LOCATION Street or R.F.D.	. No. City or Town	County State
	22a. I certify that (I) (this saw the deceased aliv couses stoted above, (hospitol) ottended the decease e on 5/3 1 (1) (we) (did) (did not) view the	ed from , 1 9 , one that in (my) (our) body ofter death.	opinion death occurred on the do	that (I) (we) lose the ond hour ond from the
	22b SIGNATURE	WITTENDY.	DEGREE ATTENDING PHYS	MED. STAFF DIRECTOR PHYS. 22c	DATE SIGNED / 69
=	22d. PHYSICIAN S NAME (Type) FB /	homas III M	1. D. 22e. ADDRESS	HANCOCK, M	7.
L		,19.69 PINEYE		23d LOCATION (City or Town) RURAL LITTLE C	
	4 FUNERAL DIRECTOR	Address Han	moels mol of A	D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE



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	00030	(.ERIIFICATE	OF DEATH			
	ECEASED-NAME First	Middle	1	ıst	20. DATE OF DEATH		2b. HOUR P
L.	Type or print) JOHN	FRANCIS	01St	LLIVAN	MA Wanth	18 1969	9 11:05
3 5	X	4 RACE	S. DA	TE OF BIRTH	6 AGE (In years		
<u></u>	MALE	WHITE	1	0-04-17	lost birthday)	YRS. MONTHS OF	AYS HOURS MIN.
70	to the	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED X NE	VER MARRIED	9. COUNTY OF DEATH		
	IRELAND	USA	Mipomep	DIVORCED	ALLEGANY		Md
10 (CUMBERLAND	11 NAME OF HOSPITAL OR INS	INDINON (If not in he THOSPITA		L OCCUPATION (Kind of work dost of working life, even if retired RACT ADMINISTI	ed \ NDEISTRY	OF BUSINESS OR YERCULES
		ed lived, if institution Residence before	13c CITY OR TOWN	13d ENSIDE CITY LI			- KOOLLO I
ויוטט	ISSION) STATE MARYLAND	136 COUNTY ALLEGANY	CUMBERLA	ND YES NO	I 18 WINSLO	DW ST.	
14.	FATHER S NAME First	Middle Lost	1S. MOT	IER'S MAIDEN NAME FI			Last
	JOHN	J. 01SULL		AN) CA	ATHERINE	01SUL	LIVAN
	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY N	IO 17 INFORM	ANT	Addre	15.5	
	es, PESunknown) (It yes give wa	WW 2 110-10-7	05 I HOSE	ITAL RECOF	RDS, 900 SETON		
	18. CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), and (c).)					ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIAT	BY: CARCINO	MATUS	13			
	1579	DUE TO, OR AS A CONSEQUENCE OF					
	Conditions, Larry, which gave	(h) CARCINOM	11 08	PANC	RISAS		
	rise to immediate couse (a), stating the underlying couse(DUE TO, OR AS A CONSEQUENCE OF					
	last.	(c)					
	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE	ERMINAL D SEASE ORC	ONDITION GIVEN IN PART 1(0)		
2							
CERTIFICATION	19a DATE OF OPERATION 19b (ONDITION FOR WHICH OPERATION WAS PER	FORMED 20	YES NO	206 IF YES, WERE FIND A CAUSES OF DEATH?	NGS CONSIDERED II	N CERTIFYING
CER	21a. ACCIDENT WAS UNDERLYING	G 216 TIME OF INJURY	21c HOW INJ		nature of injury in Port 1 or Po	ort 2, Item 181	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH			•	, ,	, , , , , , , , , , , , , , , , , , , ,	
MEC	2 d IN. JRY OCCURRED 21e. F	PLACE OF INHIRY / AT HOME FARM, STREET, FACT		Street or R F.D No.	City or Town	County	State
	Whe Notwhile at work of wark	OFFICE BUILDING, ETC	/				
	22a. I certify that (I) (this	s hospital) attended the decease	d from ~5	196	9. 10 18 may	. 19 6 9 . tl	nat (i) (wa) last
	saw the deceased ali	ive an 18 may 19	9.61 , and that	in (my) (our) apir	nian death accurred an th	e date and ha	ur and from the
		, (I) (we) (did) (d id not) view the b	ady after death				
	22b. SIGNATURE	Lane			ED STAFF PHYS	22c. DATE SIGNED 5-19-	
	22d. PHYSICIAN S Z.	MICHABL GLICE	10 1	2e ADDRESS			
	NAME (Type) DR. 51	MGGLE (BMG)		912 SETON	DRIVE, CUMBERI	LAND, MD	21502
230	BURIAL, CREMATION, 23b. DA	ATE 23c. NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION (City or Town)	(County)	(State)
	Burial 5/	/21/1969 Restlan	wn Memori	al Gardens	Near Cumber	rland A	lleg Md
24	FUNERAL SURELIDE	ADDRESS		25a REC D BY	REGISTRAR 2Sb. RSGSTF	RAR S SIGNATARE	4-4
	HAFER FUNERAL	JHOME 2364 BYALE AVE	: 6thber]	and MAY	2 2 1969 Juli	me asses	7

O HOSPITAL OR ATTENDING PHYSICIAN: The law majures that the death certificate be executed within 24 hours after all ath.

Page 4 may be retained by the hospital or attending shysicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending playscian and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, differm any event, within 72 hold.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06244 CERTIFICATE OF DEATH 0623DECEASED NAME First Middle Last 2g. DATE OF DEATH (Type or print) ELDON n PAXTON 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (n years F JNDER 1 YEAR iast birthday) MONTHS 6-16-02 WHITE MALE Ithin 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) USA ALLEGANY ottending physician and completely filled i permit. Then please remove carbon paper WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR CUMBERLAND 13a USUAL RES DENCE (Where deceased lived, if institution Res dence before buriol, cremation, or removol, and in any event 13c CITY OR TOWN I3e STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed ALTEGANY ROUTE CUMBER LANDYES [NO X 1. HOMEWOOD 14 FATHER'S NAME First IS. MOTHER'S MA DEN NAME First Last Middle Lost FRANTZ ELDON PAXTON DATSY 0 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no prunknown) (If yes give war or dates of service) 214-05-7268 MEMORIAL HOSPITAL, CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter any one cause per ling for (a), (b), and (4) PART I DEATH WAS CAUSED BY: Conditions, if any, which gave) buriol-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior to 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INDURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (!) (this haspital) attended the deceased fram [___ , 19.6 d. ta sow the deceased clive on 196 Cr ope that in (My) (our) apinion death occupied on the date and hour and from the causes stated above, (1) (we) (did) (did, not) view the body after death 22b. SIGNATURE DEGREE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) 5/6/69 Zion Memorial Park Cumberland Allegany Maryland 21502 250 RECD BY REG STRAR 24 FUNERAL DIRECTOR **ADDRESS** 25b REG-STRAR'S SIGNATURE VR At5 Silcox-Merritt Funeral Service. Cumberland, Md DMAY

1 2 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and cumpletely filled in by, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon powers: Eages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be execused within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.

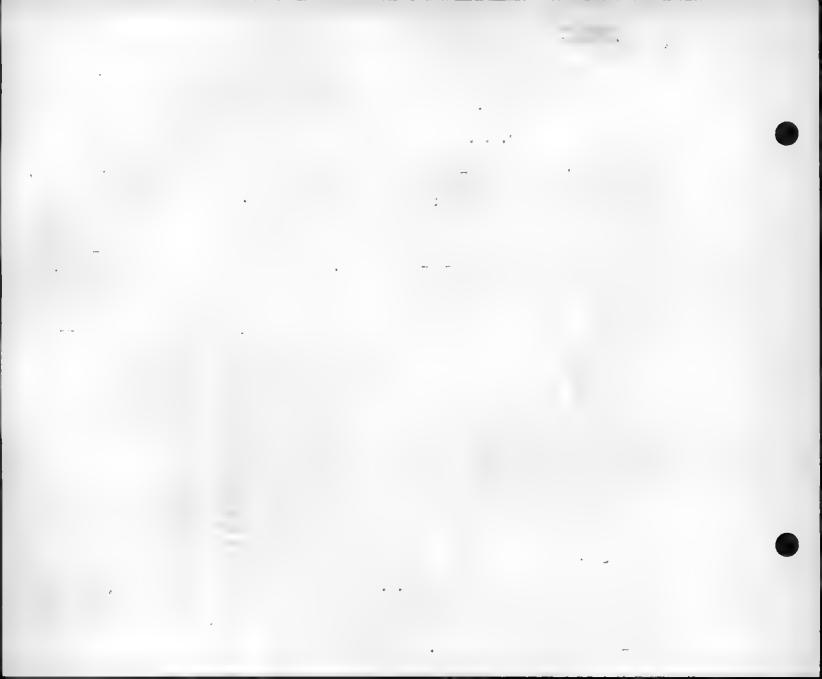
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CEKTIFIC	AIE UF	DEATH	1				-06	238
	EASED NAME	First		Middle		Lost		20.	DATE OF DEA				2b. HOUR 7
(1/9	pe or pnnt)	ROBER	r TS	ILGHMAN	PC	WELL				Month 5	Doy 8	Yeer 69	1130
3. SEX			4. RACE			S. DATE OF	BIRTH			AGE (In yeors			IF UNDER 24 HRS.
	MALE		WE	ITE		JAN.	2,18	84	10	ost birthdoy) 85 YR	MONTHS	DATS	HOURS M.N
7c. Bll	RTHPLACE (State of	foreign 7	b. CITIZEN OF WE	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COU	INTY OF DEA	NTH			
touilli	" MARYL	AND	USA		WIDOWED		ORCED 🗀	1 2	ALLEG	ANY			Md.
10 CIT	Y OR TOWN OF DI	ATH		AME OF HOSPITAL OR IN						nd of work don		KIND OF BOUSTRY	USINESS OR
	JMBERLA			IB. NURS			0	FFIC	ER			BANK	
130. L odmiss	SUAL RESIDENCE (* DON) STATE MARYT.A		lived, of institute 13b COUNTY ALLEG	on: Residence before	13c. CITY OR		YES X	NO []		FREDE	ERIC	K ST	REET
14. FA	THER'S NAME	First	Middle	Lost		. MOTHER'S I	MAIDEN NAME	First		Middle			Lost
	R	DRERT	D. POW	ELT.			ELIZ	ABET	H	GORE			
	VAS DECEASED EVE	R IN U.S. ARMEI		166 SOCIAL SECURITY	NO. 17	NFORMANT				Address			
1 63	s, no, or unknown)	(II yes give wai	or arries or servicial	214 07 1	323 M	RS. E	ATHERT.	POW	ELL	CUMB	ERLA		MD_
1		ATH (Enter only I WAS CAUSED		ne (a) (a), (b), and (c)	. A	00. (. 6.	00.10	0 .14	G	. 7	APPROXIMA BETWEEN ONS	UE INTERVAL SET AND DEATH
	IMMEDIATE CAUSE (0) A TENTON VILLE CONTROLLE C												
	Conditions, if any,	which gaves	DUE TO, OR A	IS A CONSEQUENCE OF			711	-	101-	110 11		0	
ı	ise to immediate	couse (o),	(b)		lucie	C.R. (rylo-	terx	LEERT	ocicio.	oger.		
	stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)												
1-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
						- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
CERTIFICATION	90 DATE OF OPERA	TION 19b CC	ONDITION FOR WH	ICH OPERATION WAS PE					20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING			TIFYING	
TEC						YES [MO		CAUSES OF	DEATH?			
	To ACCIDENT WA		- 1 D			OW INJURY O	CCURRED (Er	nter noture	n עזעוחי fo	Port 1 or Port	2, Item 18)	
	or contributing [If either, notify m		HOUR A.M. P.M.	Month Doy Year	9								
WE	21.2 INJUDY OCCUI	open 91. D		AT HOME, FARM, STREET, FA	CTORY.) 21f. LO	OCATION Str	eet or R.F.D.	No.	City or 1	Γοwη	Cour	·łγ	Stote
0	While Mot whi					10		11			, ,		
1	22o. I certify t	hat (I) (this	hospital) atte	ended the deceos	ed from	1, 40	, 19	00	to_5.	Si.	1969	_, that (!) (ws) lost
	sow the c	leceosed office	(I) (*****) (diel)	(did not) view the	body ofter	d thất in (r death	ny) (our) c	pinion	deoth occu	irred on the	dote/an	d hour o	nd from the
1			1	Spidilory view inc	body offer						2c DATE SI	GNED	1 -
	/	1	1. M	illia	111/DEGI	REE PHYS	ING X	MED DIRECTO	R Pi	AFF IYS.	3-	9-	109
2	2d. PHYSICIAN'S					22e. AD						1	/
	NAME (Type)	W. F.	WILLI	AMS, M.I).	12:	2 S.	CENT	RE S	T.CUME	BERLA	AND.	MD.
	BURIAL, CREMATION	l, 23b DA	TE	23c. NAME OF	CEMETERY OR	CREMATORY		23d	LOCATION (City or Town)	(Cou	nty)	(Stote)
$\overline{}$	BURTAT	MAS	7 11 19	69 HILL		BURT				ERLANT	MI		
24. FI	UNERAL DIRECTOR	YRON E	TCLUM	CUMBET		MD	2So RECE	D BY REGI	1969	250 - AFGIZIRA	R'S SIGNO	THE LAC	
	D	TIME I	LILLY	CUMBLE	NEWS IN LA	IVE I /	l'élère	A 4					





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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06241

Menda Judge

4,4,000		LEKTIFICATE OF DEATH		00241					
1 DECEASED NAME First	Middle	Lost	20 DATE OF DEATH	2b. HOURP					
(Type or print)	IDREW J.	RICE	Month 05 Doy	28 Yeor 69 6:00					
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (In years lost budbooy)	IF UNDER YEAR IF UNDER 24 HRS					
MALE	WHITE	07-就-96	lost burbhoy) YRS.	MONTHS DAYS HOURS MIN					
(auntau)	75 (IT ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH						
MARYLAND	U.S.A.	WIDOWED K DIVORCED	ALLEGANY COUNT	TY, M					
O CITY OR TOWN OF DEATH CUMBERLAND	SACRED HEAR	T HOSPITAL SOU	AL OCCUPATION (Kind of work done TH of COMB life PLAN (Kid)	12b KIND OF BUSINESS OR INDUSTRY					
130 USUAL RES.DENCE (Where deceose odmission) STATEMARYLAND	ed lived, if institution Residence before 13b. COUNTALLEGANY	lived, if institution Residence before 13c, CITY OR FOWN 13d, INSIDE CITY EMPTS? 13e STREET AND NUMBER S							
14 FATHER'S NAME First	•	The state of the s							
Yes, no, or physown) (If yes give wi	ED FORCES? In or dates of service) 16b. SOCIAL SECURITY 2 14-05-8		SETON DR., CUMB.						
18 CAUSE OF DEATH (Enter on	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED IMMEDIA	36 hours								
Conditions, if ony, which gove the to immediate couse (o), stoting the underlying couse lost	i acrti lhomb	s 2 flan							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
190 DATE OF OPERATION 196 OF 5-27-69 ACCIDENT WAS UNDERLYING	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	2,							
OR CONTRIBUTING CAUSE OF DEATH	r noture of IRMURY IN Port 1 or Port 2, I	item 18.)							
While Not while at work of work		County State							
saw the deceased of	s haspital) attended the deceose ve onl (I) (we) (did) (did nat) view the	ed from $4 - 2 - 19 = 966$, and that is (my) (our) opbady after death.	$\frac{1}{100}$, to $\frac{5-28}{100}$, 19 infon death occurred on the da	te and hour and from the					
226 SIGNATURE Levis	226 SIGNATURE 220 DATE SIGNED								
22d. PHYSICIAN'S NAME (Type) L. BR									
	e 1. 1969 Greenmo	cemetery or crematory	23d LOCATION (City or Town) Cumberland, Alle	(County) (Stote)					
24 FUNERAL DIRECTOR	ADDRESS	MU. 21502 1250 REC'D E	BY REGISTRAR 2Sb REGISTRAR S	SIGNATURE					
WENDI FUNERAL F	OME, IZI MEMORIAL	AVE., CUMB. CHIM	2 1000 1001 - 1-	0 4.0					

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TO HOSPITAL OR ATTENDING PHYSICIAN: Ille law requires that the death certificate, be executed within 24 havirs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled is director, page 3 should be detached far use as the burial-transit permit. Then please remove carban paper should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72

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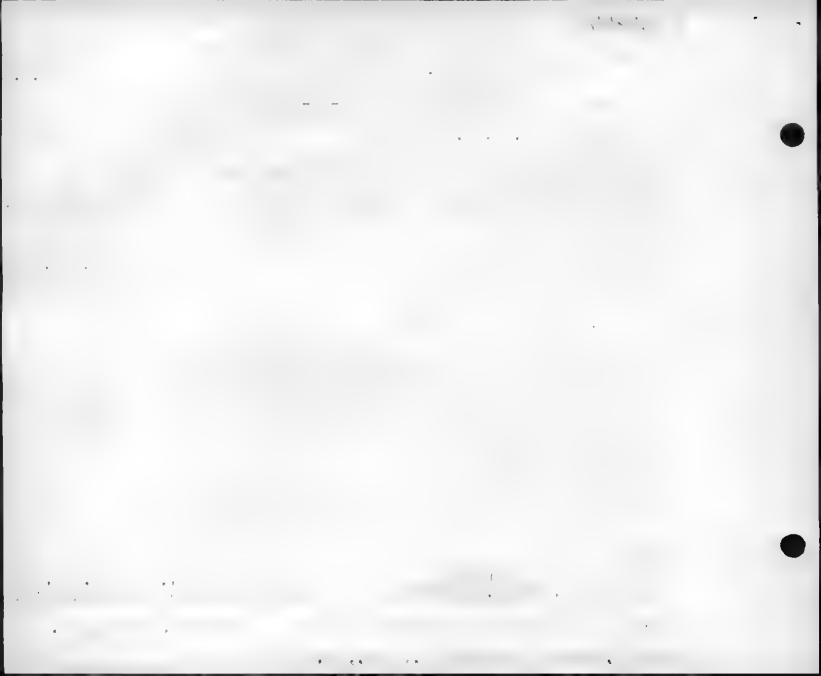
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06242 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR within 24 hamms after dilath. (Type or print) Month 22 Day CARL EDWARD RICE MAY 4:00A 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years completely filled in by the lost-birthdoy) 9-30-88 MALE WHITE 70 BIRTHPLACE (State or fore on 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) MD. USA ALLEGANY WIDOWED IX D VORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR give street address FIAO CUMBERI AND AL HOSP. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER executing admission) STATE MD 136 COUNTYALLEGANY CIJMBERLANDYES ... RT. 2 BALTIMORE PIKE cremation, ar remaval, and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First gud Lost Middle Last RICE THEODORE PAXTON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Rt #2 Balt Pike Yes no or unknown) 1 (1) yes give war or dates of service) 705-09-9627 Juanita Wigfield Cumberland. Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if only, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) director, page 3 should be detached far use as the Should be filed with the State Dept. of Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY2 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INIJRY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 5 saw the deceased alive on 5133 cm, and in (thy) (our) opinion death occurred on the date and hour and from the and the be retained couses stated above, (1) (we) (did), did not view the body after death, 22c. DATE SIGNED STAFF 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) CUMBERLAND, MD. 230. BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Buffal (Specify) 5/25/69 Cumberland Allegany Maryland Hillcrest Burial Park 21502 ADDRESS 25g RECD BY REG STRAR Silcox-Merritt Funeral Service. Cumberland, Md

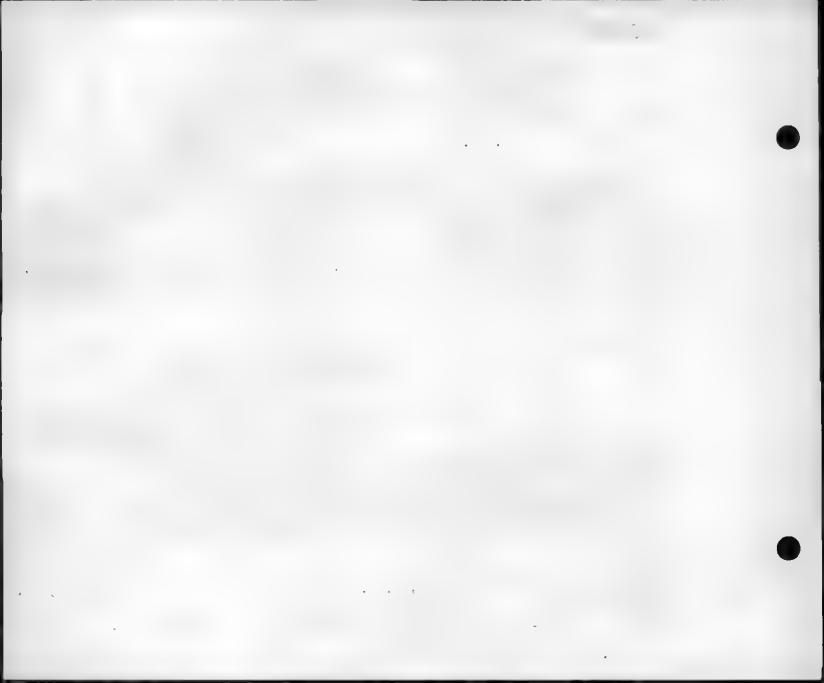
 $_{d}\tilde{R}_{n}$

06250 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06243 I. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH ELSIE (Type or print) L. ROBEY Month 5 12 Year 69 ounal-trans t permit. Then please remave carban papers. Pages & bural, cremation, at remaval, and in any event, within 72 haurs after 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years IF JINGER 1 YEAR IF UNDER 24 HRS. lost buthdoy) FEMALE WHITE 7-26-1887 ithin 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH ALLEGANY 8. MARRIED NEVER MARRIED country) VIRGINIA U. S. A. WIDOWED X DIVORCED [filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind at work done maning most of warking life, even fretired) give street oddress) n.g. CUMBERLAND remave carban completely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed MARYLAND 13b. COUNTYALLEGANY CUMBERLANDYEX NO T 240 MASSACHUSETTS 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAJDEN NAME First and Last DAVID CONRAD Annie Sullivan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na or unknown) If yes give war or dates of services MEMORIAL HOSPITAL-CUMBERLAND, MD. APPROX MATE INTERVA. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by the burial-trans to Canditians, if only, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached for use as the te Dept. af Health priarta has been 20a. AJTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR.A.M. (If either, notify medical examilier) (AT HOME, FARM, STREET FACTORY.) 211_ LOCATION -Street or R.F.D. No 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from. saw the deceased alive an_ _1965, and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained filed with the ka ses stated abave (i) (we) (did) (did nat) view the bady after death 22b SIGNATURE 22c OATE SIGNED ATTENDING director, page 3 DEGREE DIRECTOR 22d PHYSICIANS WEISMAN 22e ADDRESS 23a BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial Burial 5/15/69 Hillcrest Burial Park Cumberland, Allegany, 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR Philip B. Wendt 121 Memorial Ave., Cumb., Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06244 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) ROMAN FERN 5. DATE OF BIRTH 4-24-1897 be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 3 State Dept. of Hea th prior to burial, cremation, ar remayal, and in any event, within 72 hours after 3. SEX 4. RACE IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS WHITE FEMALE last birthday) MONTHS HOURS 70 BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED ALLEGANY COUNTY UNITED STATES WIDGWED Y D-VORCED [D. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCUPATION (Kind of work done 2b. K ND OF BUSINESS OR give street address) during mast of working life, even if retired) INDUSTRY campletely CUMBERLAND, MD. 130. USUAL RESIDENCE (Where deceosed ived, if institution Residence before 13c. C.T.Y. OR TOWN HOSPITAL 136 INS OF CITY LIMITS? 13e STREET AND NUMBER that the death certificate be executed admission) STATE YES X PENNA. CUMB. 14 FATHER S NAME Middle S. MOTHER S MAIDEN NAME First M dos Last Edward J. Rockwell Unknown attending physician sermit. Then please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66: SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) -10-3134 CUMBERLAND, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BLIWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) JOHN DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART has been 19g, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 2 b TIME OF INJURY TO HOSPITAL OR ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f LOCATION Street or RFD No City or Town State County While Not while at wark 22a. I certify that (I) (this hospital) attended the deseased from—saw the deceased alive on—5—6—19—, or may __, and that in (my) (our) apinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stoted abave, (1) (and (did) (did) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR 22d. THYSICIAN'S 133 Virginia Aye., Cumberland, NAME (Type) 230 BURIAL CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 20,1969 Johns Hopkins Hospital For Research, Baltimore, Md. REMOMETY) May 24 FUNERAL DIRECTOR James F. 250. REC D BY REGISTRAR 25b. REGISTRAR S SIGNATU Scarpelli, Cumberland, Md. VR At



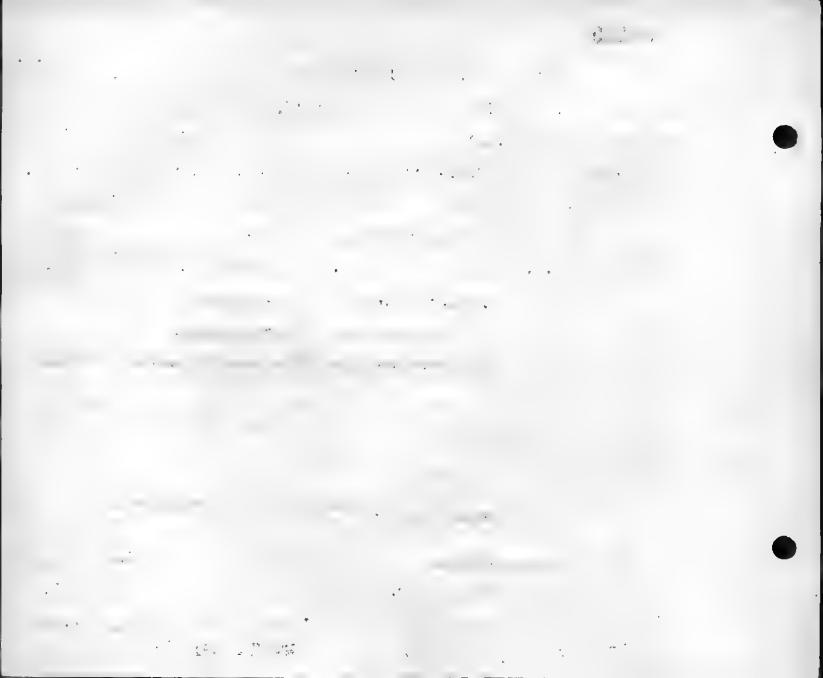


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06246 06253 CERTIFICATE OF DEATH funerol I ond 2 ter deoth. I. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR within 24 hours after deoth. (Type or print) THERESA Μ. RUNION Month2 1:37A MAY 1960 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years IF JNDER I YEAR IF UNDER 24 HRS hours aft Jest birthdoy) DAYS ACHTHOM FEMALE WHITE 03-19-88 To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9. COUNTY OF DEATH burial-transit permit. Then p.ease remove-Carbon popers: burial, cremotion, or removal, and in any event, within 72 ha country) MAR YLAND WIDOWED X USA ALLEGANY DIVORCED [filled , 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR CUMBERLAND MEMORIAL HOSP during most of working life, even 'I retired') e remove tarbon 130 USUA: RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY JANUTS? 13e STREET AND NUMBER executed odmission) STATE 13b. COUNTY CUMBERLANDYES X NO PIEDMONT AVE. 14 FATHER'S NAME Farst Middle Lost IS MOTHER'S MA DEN NAME First Middle HENRY ASH GROSS SARAH requires that the death certificate be physician 160 WAS DECEASED EVER IN JS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) I I yes give war or dates of service) MEMORIAL HOSP. CUMBERLAND. APPROX MATE INTERVAL 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if only, which gove) rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Health prior to has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO D TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter hoture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, not fy medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work of work 22a. I certify that (I) (this haspital) attended the deceased fram...... ____, ta ____, that (I) (we) last __19_ saw the deceased alive an_____ ____, and that in (my) (aur) apinian death accurred an the date and haur and from the be retained director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) VAN ORMER 23d LOCAT ON (City or Town) 23a BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) BRIVE AL Specify) May 24, 1969 Fort Ashby Cemetery Fort Ashby. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4 FUNERAL HOME. CUMB.

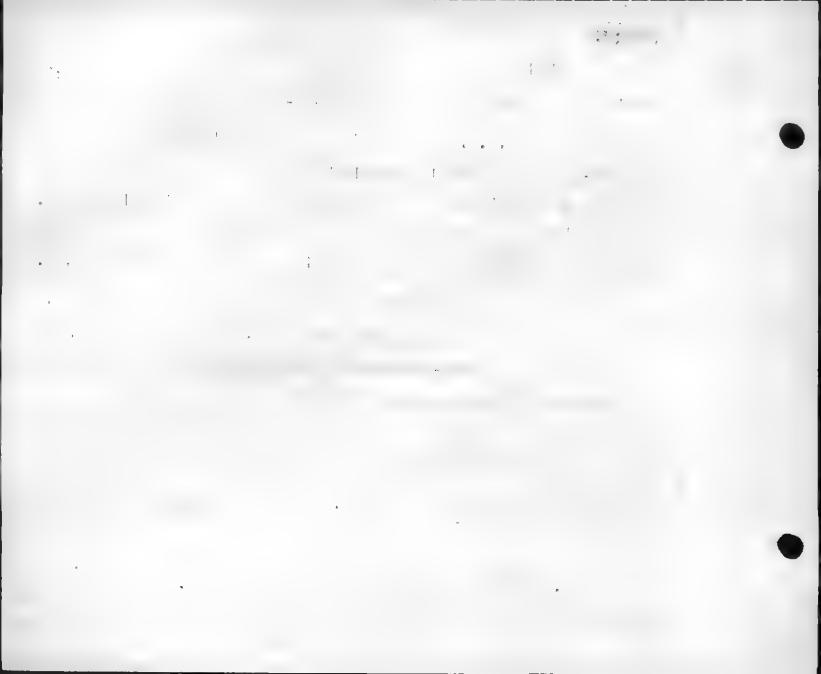


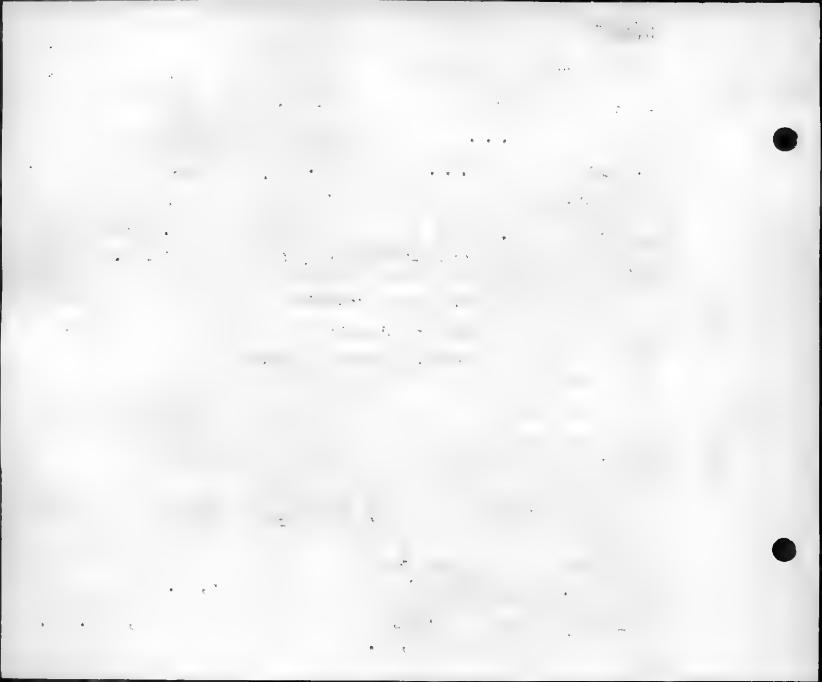
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06247 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after death. Lost 2b. HOUR (Type or print) ROBERT J. RYAN 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years FUNDER I YEAR IF LNDER 24 HRS the attending physicion and completely filled in by the issit perm t. Then please remove carbon papers. Poges nation, or removel, and in any event, within 72 hours after last birthdoy) MALE WHITE JAN. 1907 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) MARYLAND ALLEGANY WIDOWED [DIVORCED [ALLEGANY 10. CTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 120 USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY CUMBERLAND CELANESE 130 USUA, RES DENCE (Where deceased led, if institution Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIM TS? 3e. STREET AND NUMBER odmission) STATE 36. COUNTY YES 🔲 NO . ALLEGANY ECKHART 4. FATHER'S NAME First Middle 15 MOTHER S MAIDEN NAME First Lost Middle Lost GEORGE R. RYAN MARINDA PORTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, pg. or unknown) 213-09-6514 MRS. MARGARET RYAN, ECKHART, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: immediate cause (a) Metastatic brain tumor cremation, DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove) buriol-transit (b) Primary cancer left lung _months rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the l Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use be filed with the State Dept. of Health Cancer left lower lung (Enter nature of injury in Port 1 or Port 2, Item 18) 21b. TIME OF INJURY 21c HOW INJURY OCCURRED OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) be detached 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County Store While Not while at work ot work 220. I certify that (I) (this hospital) attended the deceased fram Nay 3 , 19 69, ta Nay 20, 19 69, that (I) (we) last saw the deceased alive an May 20 1969, and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE 5 GNED ATTENDING MED DIRECTOR STAFF DEGREE PHYS. 22e ADDRESS 22d PHYSICIAN S NAME (Type) A. PAIGE STRONG. director, 1 E. MAIN ST., FROSTBURG. Sponic 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23o. BLIRIAL, CREMATION, 23d LOCATION (City or Town) (County) (State) BURTAL (Specify) ECKHART CEMETERY MAY 1969 ECKHART. 24. FUNERA, DIRECTOR 250 REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR JOSEPH R. DURST, FROSTBURG, MD. 21532 DAMAY 26



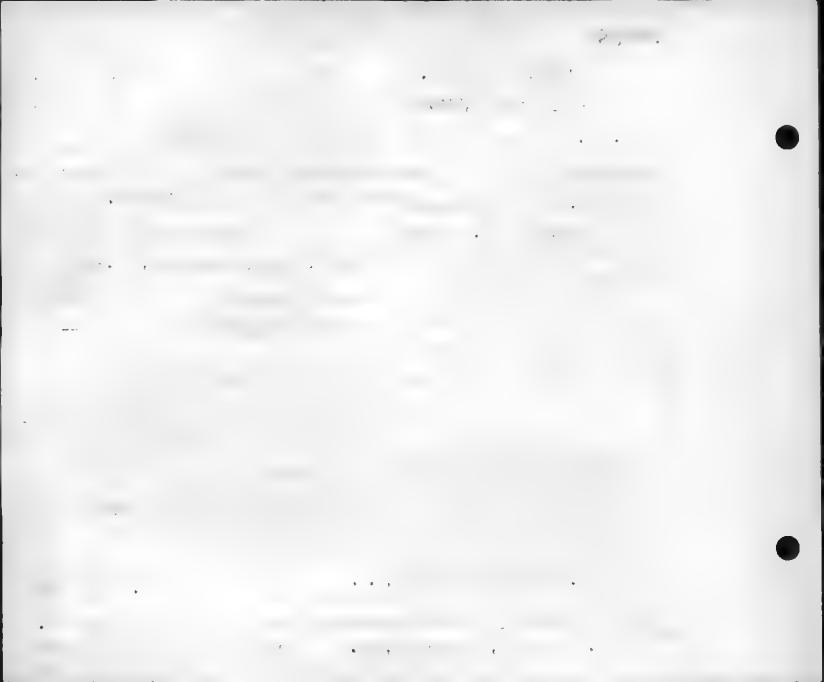


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0625606249 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a DATE OF DEATH S CHWAB 2b HOJR (Type or print) SYLVIA requires that the death certificate be executed within 24 hours after 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years FUNDER YEAR remove corbon papers Pages in any event, within 72 hours aft 8-20-94 last bythday) WHITE FEMALE 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED ond completely filled in remove corbon papers ALLEGANY U.S.A. WIDOWED X DIVORCED | MARYLAND 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USLA, OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OF during mast of warking fe even if retired) INDESTRY CUMBERLAND HOSPOTAL 13a USUAL RES DENCE (Where deceased lived, if institution. Res dence before 13c CTY OR TOWN 13e, STREET AND NUMBER 13d WSIDE CITY LIMITS? odmission) STATE CUMBERLAND YES IX NO 🗌 640 WASHINGTON ST. 14. FATHER S NAME Eirst IS MOTHER'S MAIDEN NAME First ROSE ROSENBAUM LOUIS , III 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT CUMBERLAND, WD. Yes, no er unknown) MEMORIAL HOSPITAL detached for use os the buriol transit permit. Then ree Dept. of Health prior to burial, cremotion, or removal APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 24 hrs. Hypostatic Pneumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Nov. 168 (b) Chronic Lumphatic Leukemia Nov. 68 nse to immediate cause (a). signed by buriol trons DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Axalance (c) विश्वकारको स्वरूपक विश्वकारक विश्वकारक विश्वकारको विश्वकारक । विश्वकारक । विश्वकारक । विश्वकारक । विश्वकार PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 hos been Thrombocytopenic purpura hemorrhagica 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) be detached State Dept. of 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from NOV., 19 69, ta May 28, 19 69, that (I) (we) last saw the deceased alive an May 28, 19 69 and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED MED DIRECTOR STAFF PHYS. May 29, 1969 DEGREE CUMBERLAND, MD. **JACOBSON**





-11	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	I BEDES	06251
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN CO Month Day	
2 2 8 4 E	(Type or Print) Casper A. Shook DEATH MATED TO May	20,96%:10
delay and 3	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD ADDITION OF THE PRONOUNCED DEAD AND THE PRONOUNCED DEAD ADDITION OF THE PRONOUNCED DEAD ADDIT	Yeor 1069 6:10
2, c	70 BIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED XINEYER MARRIED 9 COUNTY OF DEATH	1407
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oeath with for with for the State		KIND OF BUSINESS OR
		otor Lines
s effective along death,	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN odmission) STATE Md. 13b COUNTY Allegany Cumberland YES IN NO 515 White Ave.	
haurs Item/Ite Office Office after d	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
24 I	Baxter A. Shook Virginia Belle	
I within 24 in pencil in Examiner's File pages in 72 haurs	(Yes, no. problement) (If yes give war or dates of service) 16b SOCIAL SECURITY NO Paul A. Shook, Cumberland, Md	Son
ed w	18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ii Medical permit.	PART I DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (o)	SUDDEN
	CORONARY SCLEROSIS	
	rise to immediate couse (a). Storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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is certificate should te, writing the ward farwarded ta the C e used as a burial-tr	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rriffin rriffin vard vard vard	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writh the farwar be used to removal	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 12ic. HOW INJURY OCCURRED (Enter poture of injury in Part 1 or Part 2 Item 15	YES NO 🔼
The lifted of th	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 15 HOUR A M	3)
INER: To certifice should be files. 3 should notion, or	CAUSE OF DEATH P.M. 19	
EXAMINER: ute the certi age 4 shauld your files. Page 3 shou f, crematian,	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT	ounty Stote
Page or y or y Rr. P. Col., o iol, o	220 certify that I took charge of the remains described above, held on Autapsy , Inspection , Inquiry ,	ond in my opinia
ICAL E e executor. Pa ed far ed far ECTOR: I	deoth resulted fram: Natural caus X, Accident , Suicide , Hamicide , Undetermined manner	., ., .,
TY DIA y, please rad directions are retone at the prior to the prior to the prior to the	CHIEF MEDICAL EXAMINER	
Y. P. Y. P. Mal. Indian	SIGNATURE RELICION RELICION ASSISTANT MEDICAL EXAMINER 226 DATE SIGNI	
necessary, please execute the funeral director. Page 4 5 may be reto ned for your to FUNERAL DIRECTOR: Page Health priar to buriol, crem		0,1969 mberland
5 5 5 5	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Court	
()	Burial May 22, 1969 Hillcrest Burial Park Cumberland Alleg	
VR A15ME IS	James F. Scarpelli, Cumberland, Md. 250. REC D BY REGISTRAR 250. REC D BY REGISTRAR'S SIGNAL DATMAY 28 1969	ATURE
10M REV 1749	June 1997	<u> </u>



06259

by the funeral dages | and 2 nous after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death.

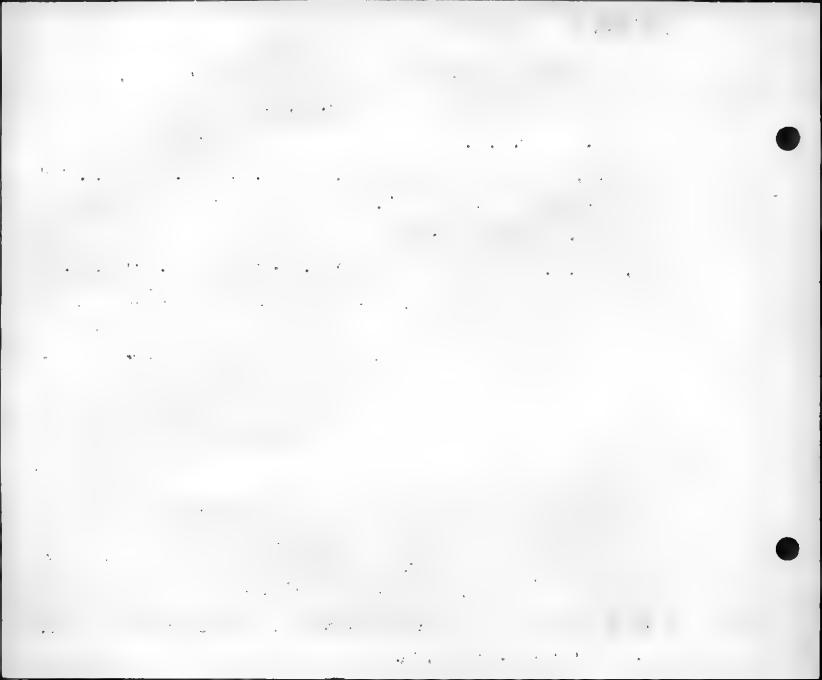
Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remave carban page should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72

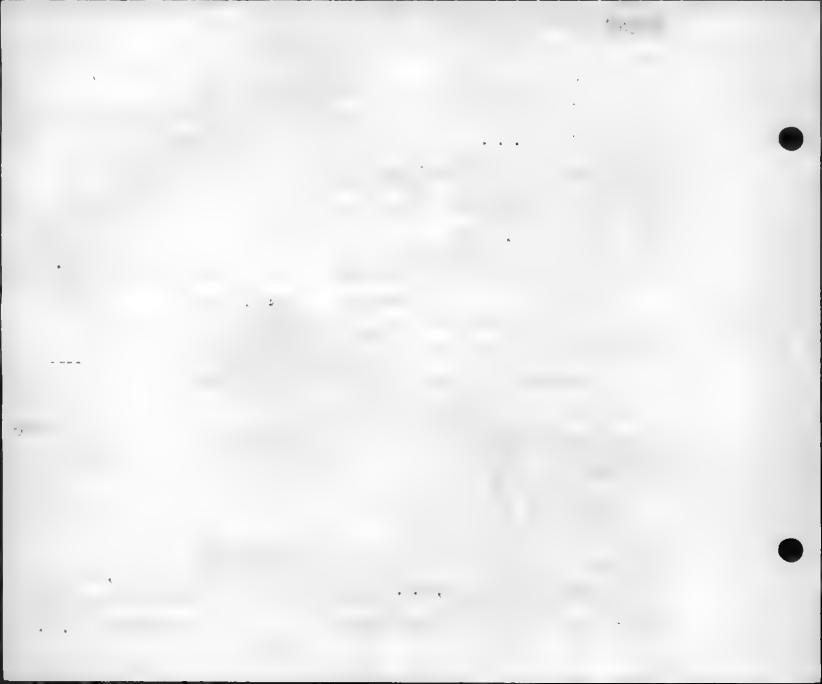
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

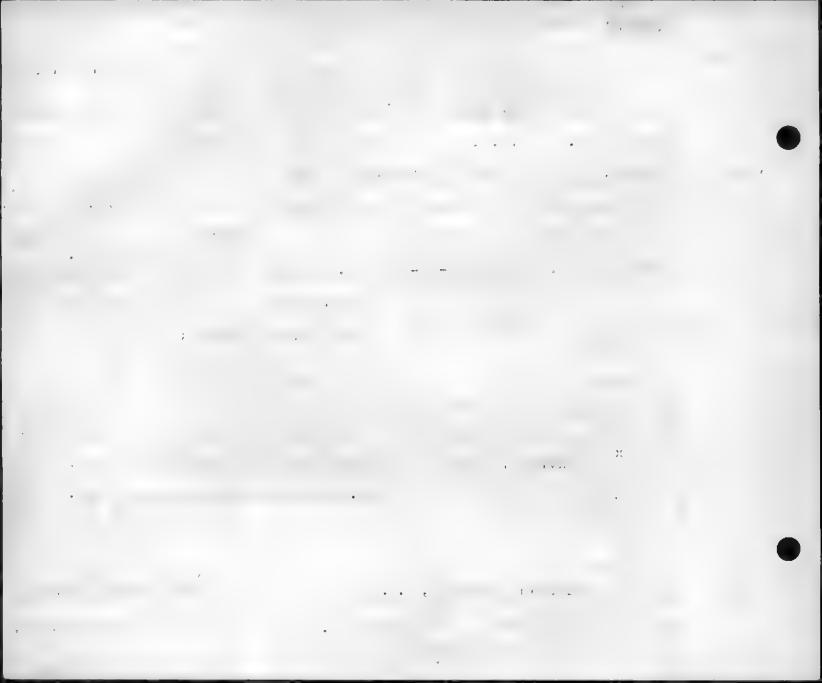
171716		CERTIFICATE OF DEATH								06252		
1 DECEASED NAME (Type or print)	Raymo	nd	Middle John		lost Smith		2a. DATE	OF DEATH Cay Month	Bay	1989	2b HOUR 5 P. N	
3 SEX Male		4. RACE	hite		5. DATE OF	BIRTH 15, 189	8	6. AGE (In ye lost birthed		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS M'H	
70. BIRTHPLACE (State of country) Penno		76. CITIZEN OF WI		8 MARRI WIDOW	IEO 🔲 NEVER MA	ARRIED A	o. COUNTY	of DEATH Legany			Mc	
10. CITY OR TOWN OF C			AME OF HOSP TALOR IN	STITUTION	(If nat in haspitol			N (Kind of wor		12b KIND OF B	USINESS OR	
Frostbw			Michi	ers H				Sg.C.		U.S. G	ov't	
13o. USUAL RESIDENCE (odmission) STATE	(Where deceose Narylan	d lived, if institut d 13b COUNTY	ian. Residence before Allegany		Savage	YES NO		street and num Le Lane		623		
14. FATHER'S NAME	First	Middle	Last		15. MOTHER'S	MAIOEN NAME FI			l.ddle		Last	
		es Jacob				Anı	rie		vry	L	owery	
Yes, no, or unknown)	ER IN U.S. ARM	D FORCES?	16b. SOCIAL SECURITY		17. INFORMANT Havry J	. Smith	Box 6		Idress Sa u ag			
			ne for (a), (b), and (c)) /		1			7,		ATE INTERVAL SET AND DEATH	
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Conditions, if any rise to immediat	e couse (o).	(b)	ie a émprédituer ac	17	<u> </u>	~	-		/7	7		
stating the unde	rlying couse	DUE TO, OK I	AS A CONSEQUENCE OF	N	iabel	es M	- 1	west	nolled	yes	evo.	
PART 2 OTHER SI	GNIFICANT CON	OITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATE	D TO THE TERMIN	IAL DISEASE ORCO	ONDITION GI	VEN IN PART I(a))			
z												
190. DATE OF OPER	ATION 19b. C	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUT			IF YES, WERE FIR SES OF DEATH?	NDINGS CONS	IDERED IN CEI	RTIFYING	
21a. ACCIDENT W					HOW INJURY O	CCURREO (Enter	noture of in	iju ry in Part 1 ar	Part 2, Item	n 18)		
OR CONTRIBUTING	nedicol exomin	er) P.M.	Month Ooy Yeor	9								
While Not who of work	rk 🗀		(AT HOME, FARM, STREET, FA OFFICE BUHLDING, ETC					ity ar Tawn		County	Stote	
22o. I certify sow the couses st	thot (I) (the deceosed of oted above	ve on (did)	ended the deceos (did not) view the	ed from 19 <i>@ 9</i> , body oft	ond that in (rer death.	2, 19_ <i>(</i> my) (our) opir	29, to_ nion deot	5 / 5 n occurred on	, 19_ the dote	29, that and hour o	(I) (wo) los ind from the	
22b. SIGNATURE	John	B. R) avis	, D	ATTENE DEGREE PHYS		ED RECTOR	STAFF PHYS.	22c. OAT	E SIGNEO	09.	
22d. PHYSICIAN'S NAME (Type)	Jo	hnB	DAVIS	S, 141,	D, 22e. Al	73	4dw	MY, F.	ros?	GURG	, M.D.	
230. BURIAL, CREMATIO REMOVAL (Specify)					OR CREMATORY	D-1-6		TION (City or Tay		County)	(State)	
24 FUNERAL DIRECTOR	- /	8/69	ADDRESS		Burial	Park.		erland	Alle SISTRARS SIG		Md.	
		ge Cumb	erland. Mo			DATMAY	121	969	Land	as Jud	ac.	



MARYIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06253 1. DECFASED-NAME Middle 2g DATE KNOWN Month 2b HOUR (Type or Print) ESTI-May 15, 1969 Spitzer Rebecca DEATH MATED a u Anna 4 RACE S DATE OF BIRTH & AGE in years IF UNDER 1 YEAR IE UNDER 24 HRS. 2. DATE PRONOLINGED DEAD 3 SEX 2d HOUR 25 Feb 1916 White Female 7 a M To BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? west Virginia Allegany WIDOWED | DIVORCED U.S.A. TO, CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR INDUSTRY Home during mast of working life even if retired) Cumberland Road with 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e STREET AND NUMBER 13b COUNTY BERTY odmission) STATE 725 Kelly Road Cumberland YESTE NO land 2 IS MOTHER'S MAIDEN NAME Middle 14 FATHER'S NAME LOST Elizabeth Rumer John Lewis 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS panci (Yes, no or unknown) Knoxville, Md. E APPROX MATE INTERVAL within 18 CAUSE OF DEATH (Enter only one couse per tine for (o), (b), and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY "pending" CORONARY RIGHT OCCLUSION SUDDIEN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, forty, which gove CORONARY THROMBOSIS rise to immediate cause (o). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CORONARY SCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION nsed 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 215 TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d NIURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autapsy [X]. Inspection X. Inquiry X. and in my opinion Natural causes 26. Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE L DEPUTY MEDICAL EXAMINER ** **EXAMINER'S** ADDRESS(Street, city, town, or county) umbanland manuland BENEDICT SKITARELIC. M.D. NAME (Type) 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 17 May 1969 Queens Point Keyser Mineal 24 FUNERAL DIRECTOR ADDRESS 2SO REC D BY REGISTRAR VR A15ME (5) IOM REV 1/68







RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Whare deceased I vad, finstitution: Residence before admission) a. COUNTY Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporate I mils, E LENGTH OF STAY IN 16 CITY OR TOWN (floutside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Lonaconing Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address, a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Rockville Street YES NO T Rockville Street completely 3. NAME OF DATE DECEASED OF (Typa or print) John William Stewart DEATH 19 69 12 Within and con carbon 5. SEX 16. COLOR OR RACE 7. MARRIED IN NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months Hours Male WIDOWED [DIVORCED physician IDe. USUAL OCCUPATION (Give kind of work геттоуе 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) U.S.A. Retired Miner Coal Company Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Hugh C. Stewart, Annie Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOC A. SECURITY NO 17. INFORMANT Address (Yas, no or unkown) | (If yes give war or dates of service) Stewart Piedmont. Hugh C. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one causa per line for (a), ,b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Arteric selection Heart Disease gava rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11:11 19. WAS AUTORSY certificate 95 PERFORMED? NO TE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part 1 or Part 1) of Item 18) 20d. INJURY OCCURRED 2De PLACE OF INJURY (Homa, farm, 2Df. (City or town) (State) 20c. TIME OF INJURY Month, Dev. Year (County) factory, streat, offica bldg., atc.) Hour a.m. While Not While at work at work DIRECTOR 21. I certify that (i) (this hospital) attended the deceased from March 5....., 19.91, to May...3......, 19.91, that (i) (we) last plnous , and that death occured at ILL, M, from the causes and on the date stated above. saw the deceased alive on .. 22a. SIGNATUR SIGNED ATTENDING DIRECTOR director, page 3 be filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a, BURIAL, CREMATION, REMOVAL (Specify) Buria 969 Laurel Cemeterv Moscow 24 FUNERAL DIRECTOR'S SIGNAJURE 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 edmont.

A Stor

06265 DIVISIO	MARYLAND STATE N OF VITAL RECORDS, 301 W. P	DEPARTMENT OF HEALTH	ADVIAND 21201	
R-STATE COSON	•	R'S CERTIFICATE OF DEA		06258
L NEPT 1 DECEASED NAME Fire		tost test	2g DATE KNOWN Month	Day Year 2b-HOUR
(Type ar Print)	re Rov	Sturtz	OF ESTI- DEATH MATED MAY	1 5
3. SEX 4. RACE	S. DATE OF BIRTH 6 AGI	(In years F UNDER 1 YEAR IF UNDER 24	HRS 2c. DATE PRONOUNCED DEAD	2d HQUR
17.25	75n - 7.12 0 70	Orrhdoy) MONTHS DAYS HOURS	Min. Month Day	Year 19 6 -) 3 : 1 . 1
7a. BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	COUNTY OF DEATH	
country) 77 23710,	M. TSA	WIDOWED DIVORCED	177 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M
10. CITY OR TOWN OF DEATH			IAL OCCUPATION (Kind of work dane ogst of working life, even if retired.)	12b. KIND OF BUSINESS OR
Imborland	give street address)	DOT INDIED UT	lanta supit.	Toxtiles
13a USUA, RESIDENCE (Where deced	ised lived, if institution. Residence before	- VEC - NO		
14 FATHER'S NAME First	Middle Lost		First Middle	Last
		Martha	Devore	EUST
GOTE 160. WAS DECEASED EVER IN U.S. ARMED		The state of the s	ADDRESS	763
(Yes, no, or unknown) (if yes giv	e wor or dates of service)	2014 Mrs. Geor	1 1 Fr. 100 17.	
18. CAUSE OF DEATH (Enter o	nly and cause per line far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH
PART I. DEATH WAS CAUS	ED BY IATE CAUSE (a)	ACUTE PULMONARY E	EDEMA	XXX Hourss
125	DUE TO, OR AS A CONSEQUENCE OF			-
Conditions, if any, which gave rise to immediate cause (a),		Left Myocardial	Infarction, large	old
stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
<u>rost</u>	(c)		ric With Sectors	n
PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT			
190 DATE OF OPERATION	Pulmonary Emphysema 196 CONDITION FOR W	a. bilateral: Mark	ed	20 AUTOPSY?
2To EXTERNAL CAUSE WAS	WAS PERFORMED?			YES NO
210 EXTERNAL CAUSE WAS	21b TIME OF INJURY Month, Doy, Yea	21c. HOW INJURY OCCURRED (Ente	r notuce of injury in Part 1 or Part 2, 1	
PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d NURY OCCURRED 21e	HOUR A.M.		1,	
	PLACE OF INJURY (At hame, farm, street, actory, affice building, etc.)	21f LOCATION Street or R.F.D. No.	C ty or Town	County State
AT WORK AT WORK	actory, artice building, etc.)			
22a. I certify that I	took charge of the remains describe	d obove, held an Autopsy 🔯,	Inspection 🔯 Inquiry 🖸	and in my opinion
death resulted from.	Natural causes 💢 , Acciden	t 🔲, Suicide 🔲, Homicide	Undetermined manner	
ACTUAL	1:4. 11/	CHIEF MEDICAL EX		
SIGNATURE Design	diet ARivare		AL EXAMINER 225 DATE	
EXAMINER'S NAME (Type)	DIST SKITARELIC, A	DEPUTY MEDICAL 1 1 anness (Street)	EXAMINER EX May 1, 19	4 RYL 10
, , , ,		CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
23a BURIAL, (REMATION 23) B IREMOVAL (Specify)	J 4, 17/9 1777	erost Co Lery	J. J. A. A.	
24 FUNERAL DIRECTOR	ADDRE		BY REGISTRAR 256 REGISTRAR'S	
Ta varia	i, r, Hyndman,	Pa. 1551,5 DMAY	5 1969 /Chan	les Judge .



JY. 111 21. 1 1 7 1 4. 1 L. ? -----

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06267 CERTIFICATE OF DEATH 06260 DECEASED NAME First Middle Last 20. DATE OF DEATH 2b HOUR (Type or print) Month John Warnick E. S. DATE OF BIRTH & AGE (In years 3 SEX 4 RACE HE JUDGE 1 YEAR IF UNDER 24 HRS amplately filled in by the function papers. Pages I event, within 72 hours after last hothoay) MONTHS 4/3/1879 White Male 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔼 NEVER MARRIED! country) Allegany U.S.A. WIDOWED [DIVORCED F 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) INDUSTRY remove torbon Frostburg Mospita 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 3d INSIDE CITY JIMITS? admission) STATE 13b. COUNTY Jackson Street Lonaconin ond in ony 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Last Harrison Warnick Mary Dawson physicion o Henry 160. WAS DECEASED EVER IN u.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If was give war or dates of service) burial, cremation, or removal, Lonaconing ottending phys Mrs.Francis Warnick mo "Wife" CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Dermit. CUTE IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave URINARY TRATINFECTION burnol-tronsit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CERTIFICAT CAUSES OF DEATH? NO YES 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. TTOR CONTRIBLTING TT CAUSE OF DEATH Month Dov (If either, notify medical examiner) State Dept. of detached 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County While Nat while at work 220. I certify that (1) (this haspital) attended the deceased from 1969, and that (1) (we) lost saw the deceased alive an 1969, and that (1) (we) (aur) opinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the bady after death. þe director, page 3 should should be filed with the 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DIRECTOR PHY5 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) **BURIAL CREMATION** 23b. DATE (County) (State) BUCLAL (Specify) Frostburg Memorial 69 Frostburg Md Park

ADDRESS

Lonaconing, Md.

2Sq REC'D BY REGISTRAR

1969

25b REGISTRAR'S SIGNATURE

Thereto Judge

Stote

TO FUNERAL DIRECTOR: After VR AIL 30M REV

24. FUNERAL DIRECTOR

George Eichhorn

within 24 hours after deoth.

the death certificate be executed

The law requires that

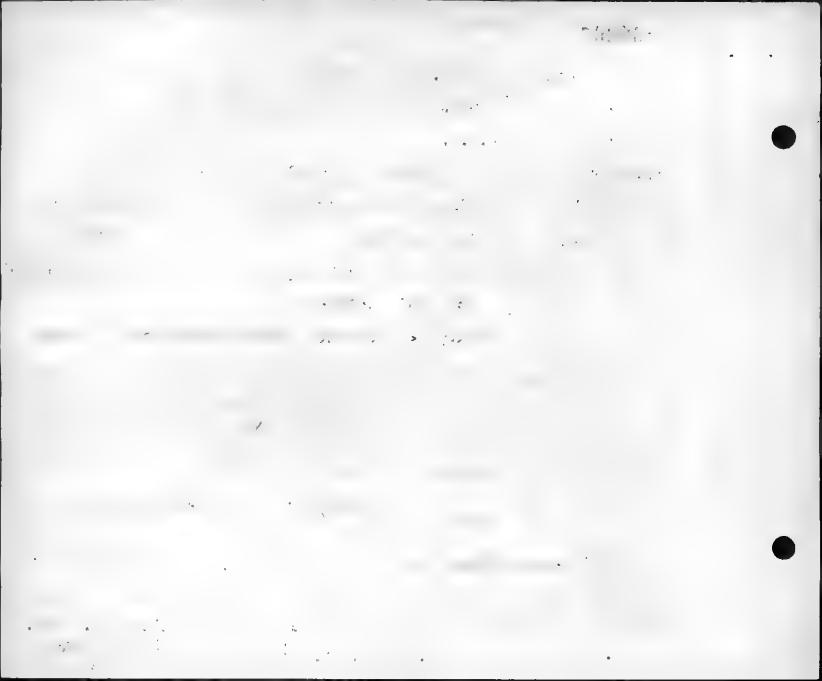
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physician.

сошр

pyo

signed by

this certificate



1	1	COCO DIVISIO	MARYLAND ST N OF VITAL RECORDS, 301 V		ENT OF HEALTH	'LAND 21201		
FOR STATE	ľ	10203	MEDICAL EXAMI					
HEALTH DEPT.		CEASED NAME Firs			lest ilson	2a DATE KNOWN OF ESTI- DEATH MATED	Month Day Year 5/15/1969	25 HOUR 2.A.M
delay and 3	3 S				OER LYEAR OF JNOER 24 HRS DAYS HOURS MIN	2c. DATE PRONOUNCED	DEAD Doy 15 1969	2d HOUR
any 2, Pl	7a cour	SIRTHPLACE (State or foreign try) MD	76. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED 9. CO			Md
hours ofter deoth any tem 18. Give Poges 1, 2, 2, office olong with form Pond 2 with the State Department death.	10. 0	Trostburg	II NAME OF HOSPITAL (or Natitution (if not res Hospit	in haspitol 120, USUAL C	CCUPATION (Kind of wor	k done 12b KIND OF BU	IS NESS OR
s ofter de 18. Give 1 colong w with the death.	13o o	CSUAL RESIDENCE (Where decedingsion) STATE MD	sed ived, if institution Residence by 13b. PITY egany 1	efore 13c. CITY OR TOW Conaconin	N 13d INSIDE CTY LIMITS? YES NO X	13e STREET AND NUMB	3ER	
219 22 2	14. {	ATHER S NAME First Thoma	et Midd	Middle Pollock				
within 24 n pour in Exominer's Exominer's File pages 1 72 hours		WAS DECEASED EVER IN U.S. ARMED es, no West in the same of the sam			s. Viola W:		onaconing,	
U U U _			nly one cause per line for (a), (b), and D BY, IATE CAUSE (a)		ARY EMBOLIS	(WIFE)	APPROXIMAT BETWEEN ONST	HTARO OFATH
be executed "pending" in nief Medical E unsit permit F event within		Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE	TE OF	RE OF RIGHT	HIP	8 Da	ays
s certificate should be executed e, writing the word "pending" is forwarded to the Chief Medical to used as a burial-transit permit emanal, and in any event within		rise to immediate couse (a), stating the underlying cause lost		(Fell	down stairs	3)		
icate may the dea the dea to os o	Z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CONDIT	ON GIVEN IN PART I(b)		
This certificated, writing be forwarded os or remaval, or remaval,	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION F WAS PERFOR	OR WHICH OPERATION MED?			20 AUTOP	SY?] NO [_]
tifika ld be uld t	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOURAM.	1960 FA	INJURY OCCURRED (Enter not	ore of injury in Port 1 or	Port 2, Item 18)	
KAM e th four age	MED	21d INHIRY OCCURRED 21e	PLACE OF INJURY (At home, form, structory, office building, etc.) Home	001,	rida Way, I	(1) 0. 101111	edu-ii j	State
bical Executions of the property of the proper		22a. I certify that I	taak charge of the remains des Natural causes 🗔 🛚 Acc	cribed abave, held	an Autopsy 🔲, 🔝 Ir	nspectian 🗶, Inq	juiry 💢, and in r	ny opinion
pled dir.		ACTUAL BLUE	1 /	_ / ,	CHIEF MEDICAL EXAMI	NER (1) KAMINER_ (2)	22b. DATE SIGNED 5/15/1969	
necessary, the funeral 5 may be 10 FUNERAL Health printeral			edict Skitarel		DEPUTY MEDICA, EXAM Cumbsertano	dws. odvádky		
DETAIL		REMOVAL (Specify) Burial		e OF CEMETERY OR CRE CHILL Ce ODRESS		Lonaconir	ng. Md.	(Stote)
VR A15ME (5)	24	FUNERAL DRECTOR George Eic	hhorn, Lonaco			9 1969 25b REG	CISTRÁR S SIGNATURE	A.



06270

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06263

(Type ar print)	First DARL	Middle L.		WRIGHT		20. DATE O		1969eor	26. HOUR /
3. SEX	4. RACE	WHITE		S. DATE OF APRIL	BIRTH 10, 1	896	6. AGE (In years last birthday) 73 YRS.	MONTHS DAYS	
7a. BIRTHPLACE (State or foreign country) MARYLAND 10. CITY OR TOWN OF DEATH	U.S.		MIDOM		ORCED			1125 KIND O	Mc F BUSINESS OR
FROSTBURG	give s	treet address) MI	NERS	HOSPITA	L during		DEPT - KS	NDUSTRY C	COMPANY
13a. USUAL RESIDENCE (Where de admission) SYATE MARYLA	ND 13b, COUNTY	an: Residence before		OR TOWN	13d. INSIDE CITY YES X	UMITS? 13e. 9	89 MT. PLE	EASANT S	ST.
14. FATHER'S NAME First JOHN	Middle	WRIGHT		15. MOTHER'S		First NNIE	Middle	SEIF	ARTH
16a. WAS DECEASED EVER IN U.S. Yes, no or unknown) (If yes	ARMED FORCES? give water addless of service) WW	212-10-74		7. INFORMANT MRS. EI	OITH WE	RIGHT,	Address FROSTBURG,	MD. 2	1532
3	(a), (b)	1 bank	oh OT RELATER	TO THE TERMIN	OPSY?	7th-	EN IN PART I(a) IFY INS, WERE FINDINGS OF DEATH?	total considered in	CERTIFYING
21a. ACCIDENT WAS UNDER OR COMTRIBUTING CAUSE OF (If either, notify medical ex 21d. INJURY OCCURRED While Not while at work at work 22a. I certify that (I) saw the decease	GORATH HOUR A.M., P.M. 21e. PLACE OF INJURY	Month Doy Year 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	rory.) 211	LOCATION SIM	CCURRED (Ent	o. (it		Caunty 69, tha	State
causes stated ab 22b. SIGNATURE 22d. PHYSICIAN'S	d alive an save, (I) (we) (did) ((did-not) view the b	oady aft	er death. ATTEND PHYS. 22e, AD	ING DRESS	MED. DIRECTOR	accurred on the do	DATE/SIGNED	and from the
PEMOVAL (Spacify)	MAY 20, 19	69 FBG. M		OR CREMATORY IAL PARI		FRO	ION (City or Town) STBURG, MD 25b. RECISTRAR'S		(State)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Page should be filed with the State Dept. of Health prior to buriol, crematian, or removel, and in any event, within 72 haurs at



ADDRESS OO . "

SCARPELL U FUNERAL HOME, CUMBQ. MD.

VR A15 (4) 45M - 1/69

24. FUNERAL DIRECTOR

25b. REGISTRAR'S SIGNATURE

2Sq. REC'D BY REGISTRAR

10CQ

12b. HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

WRIGHT

County

22c. DATE SIGNED

(County)

CUMB. .

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

State

that (I) (we) lost

12b. KIND OF BUSINESS OR

Last

9: LOPM

EALUMN Y. HADIOLAM, N. O. 202 OAES E ST., EEN ELTON, NA. 11702

the state of the s

SCHILELLE FILTER HITE, EDHUL, NO. 400 C - - - - - -